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# Mutual Aid and the transfer of COVID-19 vaccines between Hospital Hubs, Vaccination Centres and Local Vaccination Services

A policy for use by healthcare professionals and senior managers responsible for the transfer and handling of COVID-19 vaccines

22 January 2021 Version 1

## 1. Policy scope

This is a policy for use by healthcare professionals and senior managers across the NHS who are responsible for the transfer and handling of COVID-19 vaccines.

This policy applies across all delivery model settings currently operational within the NHS England and NHS Improvement COVID-19 vaccination programme, specifically: Hospital Hubs, Vaccination Centres and Local Vaccination Services (incl. PCN groupings, Community Pharmacies).

## 2. Policy intent

This policy is intended to provide clear guidelines on the use of 'mutual aid' for COVID-19 vaccines – namely the transfer of a vaccine by one organisation or provider providing NHS COVID-19 vaccination services to another. This policy brings together, in one place, guidance and direction that has previously been issued by NHS England and NHS Improvement and seeks to make it easier for healthcare professionals and senior managers to understand the circumstances and process by which mutual aid can be given. This policy has been informed by operational experience and feedback from the system since the first COVID-19 vaccines were administered in early December 2020.

NHS England and NHS Improvement has sophisticated systems and processes in place to ensure that the right amount of vaccine is delivered to the right place, at the right time. Designated administration sites should therefore always seek to use all of the vaccines that have been allocated to them and resort to mutual aid only by exception. However, it is recognised that in some limited circumstances it may be necessary to enable mutual aid, particularly in the minority of cases where there has been an unavoidable failure in delivery or equipment.

Where a designated vaccine administration site expects a surplus of vaccine to accrue, mutual aid should not be the option of first resort. Rather, designated sites should maintain a standby list of patients, within the eligible JCVI (Joint Committee on Vaccination and Immunisation) cohorts applicable at the time, who may be called in at short notice to be vaccinated.

### 3. Background

The two COVID-19 vaccinations currently temporarily authorised by the Medicines and Healthcare products Regulatory Agency (MHRA) and available for use within the UK are the Pfizer/BioNTech BNT162b2 vaccine and the COVID-19 Vaccine AstraZeneca. It is expected that this policy will also apply to future authorised vaccines as they come into the supply chain.

**These vaccines are owned by Public Health England (PHE) until the point of administration.** Individuals and organisations are responsible for the vaccine in their possession and they must handle the vaccines in accordance with the respective conditions of authorisation for each vaccine and in line with the correct local and national medicines governance procedures. In particular, the technical Standard Operating Procedures developed by the NHS Specialist Pharmacy Service and available at [www.sps.nhs.uk](http://www.sps.nhs.uk) must be adhered to. Providers should also familiarise themselves with the relevant requirements within their respective contracts in relation to administration of the vaccine, including reporting actual stock use and vaccine wastage.

Deliveries of vaccine are being made available to NHS designated COVID-19 vaccine administration sites based on nationally determined allocation principles. First and foremost, it is expected that designated administration sites will use the vaccines allocated to them to vaccinate their patients and within the JCVI cohorts applicable at the time and as soon as practically possible. Only on very rare, in extremis, occasions is it expected that mutual aid will be required to transfer vaccine to other designated sites for administration by a different organisation/provider and in all cases, any such mutual aid must be made in line with the principles as set out in this policy document.

Each instance of appropriate and authorised mutual aid must also be recorded on the accompanying template set out in Annex A and reported to the national COVID-19 vaccination programme via the process as set out in Section 6 of this document. It should be noted that this information may be made available to third parties such as the NHS Business Services Authority to inform post payment verification processes.

## 4. Policy governing mutual aid

The overall priority of the COVID-19 vaccination programme is as follows:

*“To protect those who are most at risk of serious illness or death should they develop COVID-19 and reduce transmission of the infection”.*

To ensure equity in access across England, appropriate quantities of vaccine are being made available subject to nationally determined allocation principles.

Mutual aid is defined as the transfer of COVID-19 vaccine by one organisation or provider providing NHS COVID-19 vaccination services to another and covers all such instances. For example, where, in extremis, a Hospital Hub transfers vaccine to a Local Vaccination Service; or where one Local Vaccination Service PCN grouping transfers vaccine to another PCN grouping or a local hospital.

### Policy

**In general, there should be no mutual aid between any organisations as organisations will be expected to use the supplies made available and delivered directly to them to vaccinate their patients.**

#### Rationale for policy

The COVID-19 vaccines are novel medicines with stringent temporary authorisation criteria attached set by the Medicines and Healthcare products Regulatory Agency (MHRA). From a regulatory and product integrity perspective, it is important that transfer of these vaccines beyond the designated delivery sites is strictly limited and controlled to maintain patient safety.

In addition, it is important that each region has fair and equitable access to the limited supply of vaccines. Restrictions on mutual aid support this aim by enabling NHS England and NHS Improvement to allocate stock according to a nationally determined allocation process. Central oversight of vaccine stocks will also help to ensure appropriate distributions are made for second doses.

#### General Exceptions to the policy – Hospital Hubs

Transfer of vaccines within an NHS Trust is permitted and instances where one hospital supplies another hospital within its own NHS Trust can continue as with any other medicine, within the terms of the technical SOPs and temporary authorisation.

#### General Exceptions to the policy – PCN groupings

A special dispensation also permits GP practices working together and operating as a single PCN grouping for the purposes of the *COVID-19 Vaccination Programme 2020/21 Enhanced Service Specification* to allocate the COVID-19 Vaccine AstraZeneca to other practices

within its PCN group. Please see this letter for further detail [Movement of AstraZeneca vaccine](#)

Equally, there may be other permitted arrangements where transfer of vaccine is permitted to take place outside the PCN grouping where specific sub-contracting arrangements are in place. This is providing the originating PCN grouping retains responsibility for governance and control of the vaccines to be administered at all times. Please see Annex B for further detail.

General Exceptions to the policy – movement under NHS England and NHS Improvement direction

Occasionally, it may be necessary for NHS England and NHS Improvement to direct vaccine movements to rebalance stock in the system, subject to the stringent temporary authorisation criteria attached to each vaccine set by the MHRA. Such movements will not be classed as mutual aid and fall outside of the scope of this policy.

**All other instances of vaccine movement will likely fall into the category of mutual aid and are not permitted, except in line with criteria set out in *Section 5: Criteria governing mutual aid*.**

## 5. Criteria governing mutual aid

Limited and specific General Exceptions to the policy on mutual aid apply – see *Section 4: Policy governing mutual aid*.

In other very exceptional, in extremis circumstances, mutual aid may only be permitted where such mutual aid meets the following criteria:

- Mutual aid should be an absolute last resort and **MUST** take place within the existing regulatory and legal frameworks and approvals.
- All other options **MUST** have been considered **BEFORE** a mutual aid request is made or agreed to e.g. can scheduled vaccine delivery be brought forward or cancelled (within appropriate timescales), can staff or patients be redirected to other vaccination sites, do there remain patients in other permitted cohorts who can be called in etc.
- Mutual aid will **ONLY** be considered for approval for the following:
  - Where there is likely to be significant wastage of vaccine AND where the wastage will occur through no fault of the applicant party; **or**
  - Where there has been a failure in delivery of vaccine (or where the vaccine arrives and is not suitable for administration) AND where the applicant party had previously been formally notified of the expected delivery; **or**
  - Where equipment failures which could not have been foreseen have caused vaccine to become unsuitable for administration.

**Note:** Vaccination sites must not book patients in for vaccinations on the day of vaccine delivery unless existing vaccine stocks have been agreed to be sufficient to meet that day's demand. Requests for mutual aid to vaccinate patients that have been booked despite this advice will **NOT** be permitted.

## 6. Process governing mutual aid

In chronological order

- Any proposed movement of vaccine **MUST** be discussed and agreed with lead responsible chief pharmacist or lead pharmacist for the relevant organisation(s)<sup>1</sup> – the donor and recipients of the vaccine – before it occurs and the responsible pharmacist must take personal responsibility for advising on any resulting actions. This does not apply to the movement within NHS Trusts or in the case of the Oxford/AstraZeneca vaccine, within PCN groupings in line within the Movement of AstraZeneca letter referenced above.
- A request for mutual aid should then be made **ONLY** on the form set out in **Annex A** Requests by email/telephone with no accompanying paperwork will be denied.
- The Regional Director of Commissioning AND the Regional Chief Pharmacist (or a deputy in their absence) **MUST** then support (or deny) the request in line with this policy.
- If approved, the form in **Annex A** must be sent to the Regional Vaccines Operations Centre (RVOC). The RVOC **MUST** cascade this to the NHS England and NHS Improvement National Vaccines Operations Centre (NVOC) to enable mutual aid request to be logged with the central vaccines allocation team.
- If approval is granted by the Regional Director of Commissioning and Regional Chief Pharmacist, appropriate governance arrangements **MUST** be in place to:
  - Ensure the conditions of the temporary authorization of the vaccine are not breached;
  - Ensure transfer is permissible from a legal and regulatory perspective;
  - Assure product integrity (including validated cold chain) is maintained –documentary evidence and an audit trail will be needed;
  - Ensure patient safety is the foremost consideration; and
  - Minimise vaccine waste.
- Once mutual aid has been agreed and taken place, any completed transfers **MUST** be notified by RVOC to the relevant Regional Chief Pharmacist and Regional Director of Commissioning.

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<sup>1</sup> For NHS Trusts and NHS Foundation Trusts this will be the organisations Chief Pharmacist; for PCN led LVS this will be the Primary Care Lead Pharmacist and for community pharmacy led LVS this will be the Superintendent Pharmacist or pharmacist owner.

## 7. Contact details

Region	RVOC email	NVOC email
East of England	<a href="mailto:england.eoe-vacprg@nhs.net">england.eoe-vacprg@nhs.net</a>	<a href="mailto:england.covidvaccs@nhs.net">england.covidvaccs@nhs.net</a>
London Region	<a href="mailto:england.london-covid19voc@nhs.net">england.london-covid19voc@nhs.net</a>	
Midlands	<a href="mailto:england.midsocovid19voc@nhs.net">england.midsocovid19voc@nhs.net</a>	
North East & Yorks	<a href="mailto:england.ney-vacc-cell@nhs.net">england.ney-vacc-cell@nhs.net</a>	
North West	<a href="mailto:Covid-19.MVNW@nhs.net">Covid-19.MVNW@nhs.net</a>	
South East	<a href="mailto:england.servoc@nhs.net">england.servoc@nhs.net</a>	
South West	<a href="mailto:england.swcovid19-voc@nhs.net">england.swcovid19-voc@nhs.net</a>	

## Annex A

## Request for mutual aid / movement of vaccine

## Donor

Donor Name Donor Email Donor Job title Donor phone number	
Site where vaccine held (Address) Postcode	
Delivery Model (HH, VC, LVS)	
Codes (complete at least 1)	ODS:            Foundry:            IMMFORM:
Planned shipping date	

## Recipient

Recipient Name Recipient Email Recipient Job title Recipient phone number	
Where vaccine will be sent (Address) Postcode	
Delivery model (HH, VC, LVS)	
Destination site Codes (complete at least 1)	ODS:            Foundry:            IMMFORM:

## Vaccine

Vaccine Manufacturer	Choose an item.
Quantity of boxes to be sent Box size	Boxes Each box is            Vials of            ml
Will any linked consumables be sent (i.e. needles, syringes, saline...)	Please detail all items and quantities:

## Approvals

Reason for Mutual Aid Request (refer to NHS England policy)	Choose an item. Explain reason in no more than 3 lines:
Confirm the following	<input type="checkbox"/> Transfer is permissible from a legal and Regulatory perspective. <input type="checkbox"/> Product integrity will be maintained (including validated cold chain and documented audit trail) Dated

<b>Donor Responsible Pharmacist approval</b>	Dated (insert name and provide email approval)
<b>Recipient Responsible Pharmacist approval</b>	Dated (insert name and provide email approval)
<b>Approval of Regional Chief Pharmacist*</b>	Dated (insert name and provide email approval)
<b>Approval of the Regional Director of Commissioning*</b>	Dated (insert name and provide email approval)
<b>RVOC AND NVOC case logged – Request complete</b>	Dated (insert name and provide email approval)
<b>Approval REF# (provided by NVOC)</b>	

\*If sent across Regional boundaries, approvals provided by donor region, receiving equivalents must be informed (but no additional approvals needed)

## Annex B

### Movement of Oxford/AstraZeneca vaccine between practices within the PCN grouping

NHS England and NHS Improvement's [letter of 7 January](#) set out how the AstraZeneca vaccine can be moved between GP practices within the same PCN grouping, as they are considered as jointly and severally responsible for the vaccine. It also set out how the AstraZeneca vaccine can be moved between the PCN designated site to a Care Home, or multiple Care Homes in order to administer the vaccine. Nothing in these policy positions in any way changes the conditions of authorisation of the vaccine as set by the MHRA which must always be adhered to. In particular, the cold chain of 2-8°C must always be maintained. As long as the relevant guidance is followed, local commissioners and systems should be offering a supportive role in facilitating the movement of the AstraZeneca vaccine within a PCN grouping to ensure access to vaccine for the most vulnerable populations. PCN groupings do not need to seek formal approval for moving the vaccine in line with the arrangements set out in the letter.

Once moved, the AstraZeneca vaccine should either be administered or immediately put in a refrigerator to be administered as soon as possible thereafter. If the vaccine has been moved to another practice site within the PCN grouping, it should be stored in the fridge and ideally administered within 24 hours or over the following days; practice sites should not become sites of long term storage as regular deliveries are being made to designated sites. Vaccine that has been moved to another site should not then be returned to the PCN designated site refrigerator. Further guidance on the handling of the AstraZeneca vaccine once the vial has been punctured and used for the vaccination of a housebound patient can be found in this [position statement](#). The same principles set out in this position statement should apply to the movement of a punctured vial between any settings including between two small care homes.

### Movement of any vaccine between the PCN grouping and a third party

The only other circumstances where vaccine should be moved to a third party would be:

- a) Where the PCN grouping has put a sub-contract in place, in which case, the PCN grouping that is sub-contracting delivery must at all times retain responsibility for governance and control of the vaccines to be administered. This principle applies to any COVID-19 approved vaccine.
- b) Where the third party becomes part of the PCN grouping by nature of signing the PCN's collaboration agreement.

On 21 December a letter was shared with NHS England and NHS Improvement regions providing more information on sub-contracting options. This letter has been subsequently [updated and republished](#) on the NHS Futures website.

**Without a contractual arrangement, only the 'in extremis' criteria for mutual aid, outlined in Section 5, apply to transfer of vaccines outside of the PCN grouping.**

If you require further information on these arrangements please contact [england.pccovidvaccine@nhs.net](mailto:england.pccovidvaccine@nhs.net).