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To:
PCN Led Local Vaccination Sites
Vaccinations Centres
Community Pharmacy Vaccination Sites
ICS and STP Leaders

Copy to

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

17 March 2021

Dear Colleague,

COVID-19 vaccination deployment next steps on uptake and supply

Following our letter to you on 2 March, we are writing to update you on the latest position on vaccine supply and deployment over the next six weeks.

From the start of the programme, the NHS has successfully had to adjust week-to-week vaccine delivery in the light of fluctuations in supply. As previously notified, pleasingly this week and next see significant increases in vaccine supply. However, the Government's Vaccines Task Force have now notified us that there will be a significant reduction in weekly supply available from manufacturers beginning in the week commencing 29 March, meaning volumes for first doses will be significantly constrained. They now currently predict this will continue for a four-week period, as a result of reductions in national inbound vaccines supply.

We have today opened up national booking to everyone aged 50 and over, so over this next period it is vital we focus on vaccinating those in cohorts 1 – 9, who are most vulnerable to COVID-19, as well as delivering to the agreed schedule significantly increased numbers of second doses, which double from the beginning of April.

Maximising uptake in Cohorts 1 to 9

We are asking systems to renew efforts, working with local authorities, the voluntary, community and faith sectors and other local partners to ensure maximum cohort penetration, offering and re-offering vaccinations to those in Cohort 1 to 9.

Guidance published in February on 'pop up centres' allows local systems to set up temporary mobile vaccination clinics in areas with lower uptake rates, at places of worship and other community settings where those from eligible cohorts who have not presented at fixed vaccination sites may feel more welcome.

Local systems will also want to consider dedicated sessions for groups with specific access requirements, extend visits to housebound patients and schedule second or third care home visits, ensuring those at greatest risk have access to the vaccine.

STPs and ICS should also consider how the £4.2m non-recurring funding announced on 24 February to further support and enable locally led community engagement on vaccine confidence can be used to support this activity. The letter setting out the funding arrangements can be found

here <https://www.england.nhs.uk/coronavirus/publication/supporting-ccgs-to-address-vaccine-inequalities/>

Appendix I includes a series of system-led interventions that have improved vaccine uptake and a webinar to share peer learning will be scheduled for next week and details on how to register will be shared.

Inviting patients outside of cohorts 1– 9 is only permissible in exceptional circumstances. Those aged 49 years or younger should not be offered vaccination unless they are eligible via a higher cohort because they are e.g., clinically vulnerable, unpaid carer or frontline health and care workers. To ensure prioritisation compliance with minimum wastage, vaccination services working with their system must with immediate effect:

- Prioritise all short-life stock up to the week 29 March for use;
- Work with local authorities, voluntary community and faith sector organisations, to put in place reserve lists of people from eligible cohorts;
- Consider mutual aid between sites within the system, targeting areas of lower uptake, with reporting and recording completed and logged (ppds.palantirfoundry.co.uk);
- Declare excess long-life stock to regional leads where Cohorts 1 to 9 have been exhausted to enable allocations to be adjusted accordingly.

Next steps

Now we have opened vaccination to cohorts 1-9, it is very important we focus our efforts on reaching as many of these groups as possible whilst administering second doses. We must take this time to deliver protection to the most vulnerable.

From today, the supply constraint means vaccination centres and community pharmacy-led local vaccination services should close unfilled bookings from the week commencing 29 March and ensure no further appointments are uploaded to the National Booking System or Local Booking Systems from 1 to 30 April. More detailed guidance is being issued directly to providers to support this action.

Revised vaccine supply is likely to result in a reduction in workforce demand in hospital hubs and vaccination centres. We are asking systems to start planning now about how they will deploy staff to alternative settings to support increased cohort penetration.

ICSs and STPs should work with their lead employers and vaccination providers to ensure that staffing is in place to support innovative delivery and increased cohort 1 - 9 penetration. For example, stewarding and non-clinical roles to support the delivery of drive through vaccination services, community pop up and mobile clinics. For clinical roles we would like to encourage providers to coordinate with primary care services how clinically qualified staff might be deployed to provide vaccine confidence conversations with patient populations with low uptake.

Our vaccination delivery programme was designed to be flexible, scaled up and diversified in line with fluctuating international vaccine supplies. Thank you for your continued efforts, and, as ever, we are hugely grateful for everything that you are doing to make the NHS's part in the delivery of this programme the success that it is.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'Emily Lawson', with a long horizontal stroke extending to the right.

Emily Lawson
NHS Chief Commercial Officer and SRO Vaccine Programme
NHS England and NHS Improvement

A handwritten signature in black ink, appearing to read 'N. Kanani', enclosed within a circular scribble.

Dr Nikita Kanani
Medical Director for Primary Care
NHS England and NHS Improvement