

Classification: Official

Publication reference: C1702

COVID-19 standard operating procedure COVID-19 vaccine deployment programme: unpaid carers (JCVI priority cohort 6)

Version 3, 27 October 2022

This guidance is correct at the time of publishing. However, as it is subject to updates, please use the hyperlinks to confirm the information you are disseminating is accurate.

Updates made to this document to reflect the Autumn Winter 2022 COVID-19 vaccination programme are highlighted in yellow.

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Glossary

CCG	Clinical Commissioning Group
CQC	Care Quality Commission
HH	Hospital Hub
ICS	Integrated Care System
JCVI	Joint Committee on Vaccination and Immunisation
LVS	Local Vaccination Service
LA	Local Authority
NBS	National Booking Service (www.nhs.uk/book-covid-booster)
NHS	National Health Service
Phase 1	JCVI cohorts 1 to 9
Phase 2	JCVI cohorts 10 to 12
Phase 3:	Phase 3 is when booster doses should be given to Cohorts 1-9 as set out in the JCVI statement of 14 September 2021 .
Autumn Winter 2022	Autumn Winter 2022 is the period when a booster dose should be given to those who are eligible within Cohorts 1-9 as set out in the JCVI Guidance and the National System Letter for the Covid-19 booster and flu vaccine programme.
PHE (see UKHSA below)	Public Health England
PCN	Primary Care Network
RVOC	Regional Vaccination Operations Centre
SOP	Standard Operating Procedure
SRO	Senior Responsible Officer
SVOC	System Vaccination Operations Centre
S4C	Skills for Care
STP	Sustainability and Transformation Partnership
UKHSA	UK Health Security Agency and Office for Health Improvement and Disparities (replaced Public Health England)
VC	Vaccination Centre

1. Introduction

This updated Standard Operating Procedure (SOP) supports the deployment of the COVID-19 booster vaccinations to unpaid carers in line with the Autumn Winter 2022 [JCVI Guidance](#).

For the 2022 autumn booster programme, the primary objective is to augment immunity in those at higher risk from COVID-19 thereby optimising protection against severe COVID-19, specifically hospitalisation and death, over winter 2022 to 2023.

Accordingly, JCVI advises that for the 2022 autumn booster programme, the following groups should be offered a COVID-19 booster vaccine:

- residents in a care home for older adults and staff working in care homes for older adults
- frontline health and social care workers
- all adults aged 50 years and over
- persons aged 5 to 49 years in a clinical risk group, as set out in the [Green Book, chapter 14a, tables 3 and 4](#)
- persons aged 5 to 49 years who are household contacts of people with immunosuppression
- persons aged 16 to 49 years who are carers, as set out in the [Green Book, chapter 14a, table 3](#).

The JCVI guidance sets out clinical advice regarding booster vaccinations. This includes when individuals should receive a booster vaccination and the vaccine preferences to be offered as a booster dose.

All unpaid carers over the age of 16 are eligible for the COVID-19 vaccine and can book via the National Booking Service (NBS).

JCVI advises that the booster programme should be deployed in the same order as during Phase 1 (priority groups 1-9), with operational flexibility exercised where appropriate to maximise delivery. Therefore, unpaid carers will continue to be recognised as part of priority group 6 for a COVID-19 booster vaccine.

On the National Booking Service (www.nhs.uk/book-covid-booster) there is a page for self-declaring carers:

Do you regularly look after someone who is ill, an older person or disabled?

You can book a booster if you look after someone, or if you receive a carers allowance.

This is to lower your risk of being unable to give care if you get COVID-19.

You may also be in contact with people who are at high risk.

- Yes, I look after someone who is ill, an older person or disabled
- No, I do not look after someone who is ill, an older person or disabled

In line with new NHS guidance for planning and service delivery, locally held data submitted by Local Authorities and their partner carers' organisations previously can be refreshed locally to send invitations to newly identified carers. This will allow Local Authorities to undertake local analysis on uptake including monitoring for equality of access and impact on health inequalities.

Those known to GPs who have a 'carer's flag' on their primary care record will continued to be called as part of the 'GP at risk' group from cohort 6. Unpaid carers will be eligible to book their booster vaccination no earlier than 6 months after completion of the primary vaccine course, in line with [the JCVI statement](#).

New unpaid carers should make themselves known to GP practices and Local Authority Carers Teams. They can request GP practices to record this on their primary care record.

Unpaid carers who have been identified through national data collections and who do not have a 'carer's flag' on their primary care record will be encouraged to make themselves known to GP practices as this provides a sustainable approach for identifying unpaid carers for any future vaccinations.

Where GP teams and Local Authorities receive new enquiries from unpaid carers requesting the COVID-19 vaccination, they should continue to apply their normal process for identifying their eligibility based on [NICE guidance](#) or the statutory carers assessment. If they have not completed their primary course of the COVID-19 vaccination, they should be directed to the National Booking Service.

Strong partnership working will continue between the NHS, Department of Health and Social Care, Local Authorities and Carers' and Voluntary organisations to ensure the identification and support for carers across the health and social care system.

The vaccination programme will continue to [publish](#) information on uptake for these groups.

2. Purpose

Unpaid carers play a vital role hence they are classed as a priority cohort. The nature of unpaid care is broad, and the roles and responsibilities that carers provide are both in scope and intensity. They can be family members or friends, adults or children providing care to a person who, due to a physical or mental health condition, disability, or serious injury, simply cannot cope without their support. The JCVI definition of Carers is clarified in Table 3, Chapter 14a of the [Green Book](#).

This SOP draws on national and local sources for known carers, to help identify and enable them to be invited quickly for vaccination, as well as making provision for those who may not already be known to the health and social care system to come forward.

This current version of the SOP supercedes all previous versions and is designed to support the Autumn Winter 2022 vaccination programme. It has been developed to support a consistent approach to vaccinating unpaid carers. It builds on previous vaccination programmes and describes:

- a framework for delivery of Autumn Winter boosters to unpaid carers
- definition and identification of unpaid carers eligible for Autumn Winter booster
- roles and responsibilities within local and national systems
- how vaccination services should work to deliver COVID-19 vaccinations and boosters to unpaid carers.

This SOP supports Local Authorities, the NHS Vaccination Programme and local carers' organisations to continue delivery of strong system leadership and partnership working which is essential to ensure local arrangements are in place to deliver the national offer for vaccination. There may be opportunities to get the covid and flu vaccines at the same time. However, this may not always be possible, so we encourage them to get each vaccination as soon as they can for full protection, rather than waiting to get both at the same time.

This SOP is not intended to disrupt existing vaccination arrangements for those within a higher priority for vaccination. For example, if an individual carer meets the criteria for a higher priority cohort – such as employment as a health or social care

worker – they should be offered their booster vaccine through this higher priority group. This SOP is complimentary to the clinical guidance issued by the JCVI.

3. Scope

This SOP focuses on the process to enable eligible unpaid carers to be identified and invited by the NHS vaccination programme, **so they can continue to book an appointment for their vaccination.**

3.1 Identification of unpaid carers

There are a number of existing sources that will be drawn from in order to identify unpaid carers. They are:

- those in receipt of or entitled to **Carer's Allowance**.
- those known to GPs who have a '**carer's flag**' on their primary care record
- those known to **Local Authorities** who are in receipt of support following a carer's assessment.
- those known to **local carers organisations** to be receiving support.

3.2 Eligibility

During Phase 1 the JCVI identified unpaid carers within priority cohort 6. The JCVI definition was further clarified by the PHE in Chapter 14a of the Green Book.

PHE Green Book¹ – Adult Carer

“Those who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically vulnerable.”

Those clinically vulnerable to COVID include:

- children with severe neuro-disabilities
- those who are designated Clinically Extremely vulnerable (CEV)

¹ [COVID-19 Green Book chapter 14a \(publishing.service.gov.uk\)](https://www.gov.uk/government/publications/covid-19-green-book/covid-19-green-book-chapter-14a)

- adults who have underlying health conditions (as defined in table 3 of the Green Book)
- those who need care because of advanced age.

An unpaid carer requiring a vaccination therefore can be, but is not limited to:

- Someone who cares for a person who is within JCVI priority cohorts 1-6, provides close personal care or is the sole or primary carer. This includes any adult who is an “essential care-giver” to someone in a care home or supported living environment.
- An adult family member or friend providing daily face-to-face care to a person who, because of their advanced age, requires support but is still living in their own home.
- A person caring for an adult with Down’s Syndrome.
- A parent/foster parent caring for a young person who is receiving Personal Independence Payments (PIP) because of a severe neuro-disability.
- Any adult providing supplementary unpaid care to an older person who is self-funding their own care package, for example through a domiciliary care agency.
- Two siblings who equally share and provide 24-hour care to an older person with dementia in addition to their own family and work commitments. If either sibling was to fall ill, the other would not be able to ensure the safety and wellbeing of the older person. Both siblings would be considered the primary carer.

In Phase 1 it was recognised that up to a third of unpaid carers were already eligible for priority vaccination because they were:

- aged 65+
- clinically at risk
- working in a frontline health or social care role.

Based on the JCVI advice, it is likely that more than 60% of unpaid carers will be eligible for booster vaccines because they are:

- aged 50+²
- clinically at risk or aged 16 years and over and are immunosuppressed
- working in a frontline health or social care role.

Where any person can be classified within more than one JCVI priority group or stage, the higher priority is assumed.

3.3 Considerations for young carers

Carer's Allowance can be awarded to individuals who meet the eligibility criteria from the age of 16. For the purposes of this SOP an adult carer is used to include unpaid carers from aged 16. It is possible that some young carers may not be recognised as such by their families but may be known to their school, a voluntary sector young carers service, and/or to their local authority.

² This is based on data sources about the age profile of carers includes ONS National Census data and monitoring data from Phase 1.

4. Overview of process

4.1 Data Collection for the Autumn Winter 2022 Programme

The vaccination programme will continue to draw on the known sources of unpaid carers listed in section 3.1

Data on unpaid carers who are registered with their GP will be refreshed as part of the 'GP at risk' data collection.

In line with NHS guidance for ICS planning and delivering joined up services,³ Local Authorities and carer's organisations, in conjunction with NHS partners in local and regional vaccination operations teams known as SVOCs and RVOCs, are advised that they can elect to refresh locally held data submitted to NHSD in Phase 1.

Where local systems wish to refresh their data, the NHSD [Personal Demographics Service](#) can be used to trace NHS numbers against local records. Local Authorities would need to complete a refresh of their data sets in time to align with the administration of COVID-19 boosters to carers as part of the JCVI priorities for adults aged 16 to 49 years, who are in an influenza or COVID-19 at risk group.

Unpaid carers identified by the GP carer's flag will be called for the booster vaccination by their GP practice, who will be working as part of local GP vaccination services delivering vaccinations through a local Primary Care Network. This means, as in Phase 1, the location of their vaccine appointment may not be at their own GP practice and may be at another local GP site.

The vaccination programme will identify individuals whose boosters are due in line with final JCVI advice. Invitations for booster vaccinations will be issued where individuals meet the clinical criteria set by JCVI, ie, when their vaccination records confirm the booster is due. If unpaid carers try to book booster vaccinations using NBS before the booster is due, they will be unable to make a booking. If they have not completed the primary vaccination course, they will be prompted to book to complete this.

³ [B0754-working-together-at-scale-guidance-on-provider-collaboratives.pdf \(england.nhs.uk\)](#)

As in Phase 1 where GP teams and Local Authorities receive new requests for COVID-19 vaccinations from unpaid carers, they should continue to apply their normal process for identifying their eligibility through statutory carers assessment or assignment of a carer's flag on the GP record because of the ongoing benefits.

Local systems should also consider collaborative working between the Local Authority and GP practices to improve the identification and support for carers across the health and social care system. For example, by establishing data sharing agreements which enable the schools' registry for young carers to be shared in order to improve the identification of young carers in primary care.

Where GP teams identify new carers, they should record this on their primary care record. This will help provide more up to date records for carers to access other vaccinations and support.

As before, where an eligible unpaid carer is intending to support the person they care for to attend a vaccination appointment, arranged through the GP, as part of the same or a higher priority cohort, and they also wish to receive their booster vaccination at the same time, they will need to make this known in advance so that the GP practice can work with their local vaccination service to validate that the booster vaccination is due.

If the carer and the person they care for are both registered with the same GP practice they should contact the surgery to check if they have been flagged as a carer on the GP practice management system. Where the GP practice is satisfied that the eligibility criteria have been met, they can add the carer's flag, where required, and advise the GP team via their local GP vaccination service that they are eligible for vaccination and can be offered the booster vaccination.

4.2 Identification, consent and vaccine information

The NBS can access the appropriate information for those unpaid carers who are known to the health and social care system. In earlier phases, data sources for known carers were added incrementally to the booking system, allowing unpaid carers to book using the NBS.

GP practices will work with their local GP vaccination services to issue invitations to book by telephone or text.

Information about vaccinations will be provided at the vaccination site and consent will be verbally attained at the point of vaccination. There is no requirement to fill in or bring a consent form to the vaccination appointment for unpaid carers.

A person may be asked to prove their identity for the purpose of vaccination but not to prove their status as an unpaid carer. For example, unpaid carers will not be required to provide proof of receipt or entitlement to a carer's allowance.

4.3 Data collection and protection

NHS England, working with NHS Digital, have responsibility for requesting and processing the lists of known unpaid carers based on the sources identified within this SOP.

NHS England will ensure that all necessary data protection and governance arrangements are in place with partner organisations to facilitate this and it will only use this information to call people for vaccination.

Where Local Authorities wish to refresh their local carer's data sets, they must ensure that all necessary data protection and governance arrangements are in place with partner organisations to facilitate this (see appendix 1).

A minimum data set is required by the NHS to undertake batch tracing to identify an individual's NHS number. This includes:

- NHS number
- Name
- DOB
- Address and postcode
- Gender/Sex.

The main data sources for the **Autumn Winter 2022 programme** are:

- GP practice management data on those who are flagged as carers
- Local Authority data on those carers already known to be receiving care and support, based on the existing lists held by both the LA and local carers organisations.

To enable national data monitoring, vaccination sites are responsible for the collection of a minimum data set at the point of care. For primary care services and

community pharmacies, this will be recorded via Pinnacle, and for vaccination centres and hospital hubs via NIVS/NIMS.

Data flags will continue to be assigned to the records for each group of known carers. It also enables protected characteristics to be monitored to evaluate equality of access and impact on health inequalities.

4.4 Flexible arrangements

The vaccination programme now also offers access to vaccinations at hundreds of walk-in centres across the country without the need to book in advance at www.nhs.uk/grab-a-jab.

To enhance uptake among this care group, local systems should continue to review uptake and develop local options for additional support, for example by promoting pop-up and walk-in services that unpaid carers can attend at a convenient time, introducing priority queueing, helping with transport and providing access to sitting services, so unpaid carers can attend vaccination appointments.

5. Roles and responsibilities

This section details the roles and responsibilities for each organisation and the actions required.

5.1 Local Authorities

Local Authority adult social care departments have lead responsibility for collating existing information on carers who are already known to Local Authorities through the Carers Assessment, and those already known to local carers organisations who are actively receiving support or services through these organisations.

Improvements in both Local Authority carers' services and cross organisational working to facilitate vaccination means that not all 151⁴ Local Authorities would wish to participate in a refreshed section 259 data collection. Therefore, given this data is accessible locally and the NHS DPS tracing service is open to these organisations to obtain NHS numbers, any refresh of this data set will be determined and executed by local systems.

Local Authorities should continue to ensure appropriate data sharing agreements and privacy / consent arrangements are in place so the information they hold on those who have received a carer's assessment, support or services can be shared. The LA should ensure that appropriate data sharing agreements are in place to allow the LA to receive data from local carers organisations, and the subsequent sharing of that data with the NHS, as per Appendix 1.

The Local Authority should ensure carers and carers networks are made aware that unpaid carers continue to be identified within priority group 6 to receive booster vaccines in this Autumn Winter 2022 programme. They, like all citizens, will need to meet any clinical prerequisites set by JCVI. They should also ensure that Local Authority carers' leads and carers' networks continue to advise unpaid carers to make themselves known to their GP as this will help provide more up to date records for carers in primary care to access other vaccinations and support.

⁴ There are 151 Upper Tier Local Authorities who are responsible for Adult Social Care services.

The Local Authority should help to advertise their single point of contact for queries regarding unpaid carers. This could be delegated to a carers organisation where local agreements are already in place and could provide the link to flexible support.

The Local Authority should provide information and share national and local communications about access to and eligibility for vaccination of unpaid carers in their local area, and work with local partners to communicate, encourage and enable eligible unpaid carers who are not already known to come forward.

Local Authorities should be aware of the specific clinical guidance for eligible unpaid carers who are aged 16 years or 17 years old.

The Local Authority should work with local partners to ensure an appropriate level of information is available to carers about the vaccination programme, for example on how to create or find their NHS number by downloading the NHS app, or how to register with a GP if they don't already have one. They should also make available information on how to access additional support to attend vaccinations as set out in section 4.3.

5.2 Local carers organisations

In Phase 1 local carers organisations worked closely with Local Authorities to ensure that known, eligible unpaid carers were appropriately captured within the Local Authorities' lists.

Where they wish to refresh this data, carers organisations should again ensure appropriate data sharing agreements and privacy / consent arrangements are in place so the information they hold on those who are actively receiving support or services can be shared.

Carers organisations should raise awareness among those who were eligible within priority cohort 6 of the booster programme to recognise themselves as unpaid carers and to take action. In Phase 1 this included signposting previously unknown carers to the application process within the NBS and making themselves known to the GP. Carers organisations should continue to advise unpaid carers to make themselves known to their GP as this will help provide more up to date records for carers in primary care to access other vaccinations and support.

Carer's organisations should be aware of the specific clinical guidance for eligible unpaid carers who are aged 16 years or 17 years.

They should support unpaid carers to locate or establish their NHS number including the option to do this by downloading the NHS app or registering with a GP if they don't already have one.

5.3 NHS Vaccination Service Providers

The National Booking Service will continue to provide access for unvaccinated adults to directly book their COVID-19 vaccination appointments.

The National Booking Service and local booking system will provide access for eligible unpaid carers to book their COVID-19 booster appointments in line with the JCVI guidance.

Each Hospital Hub, Vaccination Centre, PCN and community pharmacy within the Local Vaccination Service will be responsible for:

- Operating effective booking systems for vaccination clinics which confirm disabled access arrangements on site and the 'on the day arrangements' for the vaccination appointment.
- Providing details of pop-up, walk-in and mobile sites for recipient to locate using the www.nhs.uk/grab-a-jab link.

Vaccination delivery sites will ensure they utilise systems and processes set out in this SOP and other relevant operational frameworks. They should administer the COVID-19 vaccination and booster vaccinations (following the required clinical process), including gaining consent at the point of vaccination.

Vaccination delivery sites are clinically responsible for the administration of COVID-19 vaccinations and booster vaccinations in accordance with relevant guidance and operational frameworks.

Vaccination sites will also be responsible for the collection of a minimum data set at the point of care to enable the vaccination event to be recorded along with key data for monitoring in the usual way. The individual should be asked, by the person recording their vaccination, if they are a carer and this should be recorded as part of the minimum data set.

Vaccination sites should input data into their local data management systems NIVS (HHs and VCs only) and Pinnacle (LVS only) with automated transfer into NIMS.

Vaccination services will provide the recipient with a PHE record card, completed with the name of vaccine, batch number and date of their first dose of vaccination, and where possible, a completion date for second vaccination.

Confirming vaccination history to ensure the booster dose is due and that the booster being administered complies with JCVI guidance on the vaccine product for boosters (completing the record card with name of vaccine, batch number and date of the vaccine)

5.4 GP Practices

GP practices should be aware of the [NICE](#) guidance for identifying new unpaid carers.

Where GP practices receive new enquiries from unpaid carers requesting the COVID-19 and/or an influenza vaccination, they should continue to apply their normal process of assessment to inform assignment of a carer's flag on the GP record to help provide more up to date details about carers and to support access to the covid and flu vaccinations.

As all adults over 18 can now book first and second doses of the primary COVID-19 vaccination through the National Booking Service, GP practices can direct carers through this route or to the PCN vaccination service.

Appendix 1: Data Protection Information

1. Requesting of Information

In Phase 1 NHS Digital was empowered, under Section 259 of the Health and Social Care Act 2012, to request information about unpaid carers from Local Authorities for the purpose of calling them for vaccination.

2. Providing of Information

Under Section 259(10)(a) of the Health and Social Care Act 2012, providing the data in response to a request will not breach any obligation of confidence owed by the person providing it. However, Local Authorities must determine for themselves whether they are willing and able to provide the requested data in response to the request by satisfying themselves that they are not subject to any express restriction on disclosure imposed by or under another Act (other than any restriction which allows disclosure if authorised by or under an Act) (s.259(10)(b)). This will extend to ensuring that they only collect data from carers organisations which they are entitled to request and collect from those organisations.

3. Carers organisations

Carers organisations (from whom Local Authorities are likely to request data) must determine for themselves that they are lawfully able to provide the data to the local authorities and are not subject to any express restriction on disclosure imposed by or under another act (other than any restriction which allows disclosure if authorised by or under an act). Each organisation should, therefore, carry out their own due diligence in this regard in response to a request for data.

The above advice provided in Phase 1 also applies, should the local system decide to refresh their data set in partnership with local carers organisations all parties need to ensure that they are lawfully able to share and process the data.

4. Privacy notices

To provide greater transparency and to comply with the requirements of data protection law, Local Authorities, or partners such as carers organisations, may wish to update their privacy notices along the following lines:

COVID-19 Vaccination Programme

The Department of Health and Social Care is rolling out a COVID-19 Vaccination Programme, led by NHS England and based on cohorts meeting specific criteria. In order to ensure you are given the opportunity to take up this vaccination we may share minimum and proportionate information about you to our NHS partners. Your rights under Data Protection Law remain unaffected.

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