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General Practice Phase 3 Opt-in and Site Designation Process

**COVID-19 vaccination programme: phase 3
2021/22**

General Practice Phase 3 Opt-in and Site Designation Process

Equalities and health inequalities statement

"Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities."

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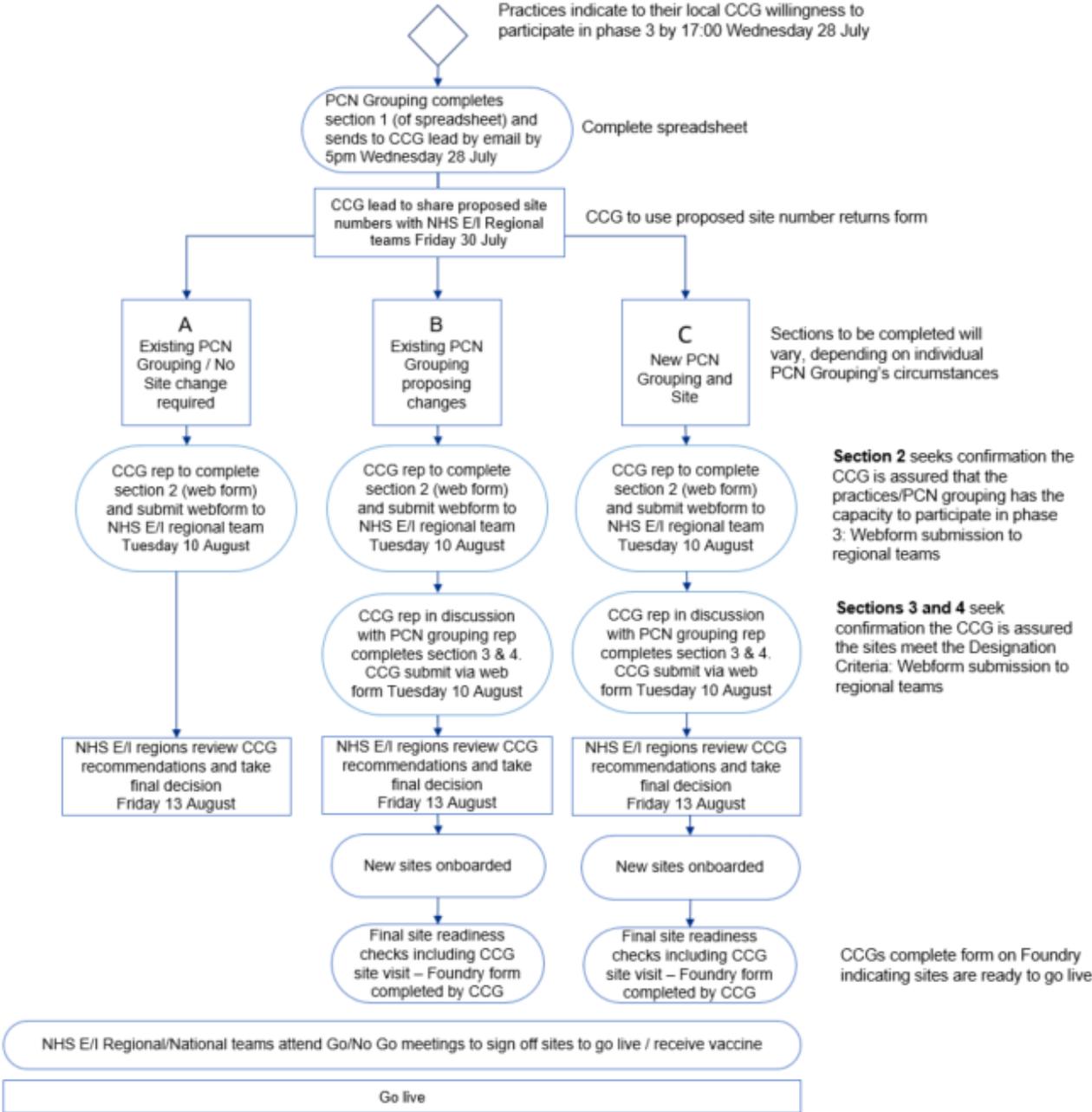
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If you have any queries, please send these to england.pccovidvaccine@nhs.net

Introduction

1. This document describes the process and timeline for GP practices to opt into the phase 3 COVID-19 vaccination Enhanced Service (ES). The ES specification is available at <https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/primary-care-guidance/>. This document also sets out the process and assurance criteria for new sites to be designated in phase 3. It should be read by GP practices, CCGs, ICSs/STPs and NHS England regional teams.
2. All GP practices are invited to participate in the phase 3 ES regardless of whether they have participated in phase 1 and/or 2 of the COVID-19 vaccination programme.
3. GP practices must indicate their willingness to participate in the phase 3 ES **by 5pm on 28 July 2021**. Where the Commissioner (NHSE) is assured that GP practices have the capacity to deliver the ES alongside their existing core contractual requirements, the Commissioner will approve sign up to participate in this ES.
4. GP practices wishing to participate in the phase 3 ES will need to collaborate with other GP practices as part of a PCN grouping in line with the requirements of the ES. This is due to vaccine characteristics and complexities of their handling requirements, as well as operational considerations such as tech and data capacity, supply chains; and any ongoing requirements for social distancing (if applicable).
5. A key requirement of the ES is that all GP practices have access to a Designated Site from which COVID-19 vaccinations must be administered and the Designated Site must meet the Site Designation criteria. Only new sites/new PCN groupings are expected to need to go through the site Designation Process outlined at stage 2 of this document.
6. For further information, please contact england.pccovidvaccine@nhs.net

Summary of process



Stage 1: Sign up process

Stage 1a: GP practices indicate their willingness to participate in the phase 3 ES by Wednesday 28 July

7. Practices should indicate to their local CCG (which will provide administrative support to the Commissioner (NHSE) their willingness to participate in the ES by **17.00 on Wednesday 28 July**. They should complete Part One of the relevant form (outlined below and available [here](#)) and send it to their CCG via email.
8. The form that practices complete and therefore details that local CCGs will require will differ depending on whether:
 - the PCN grouping / site has previously participated in phase 1 and/or 2 of the COVID-19 vaccination programme and wants to proceed with no changes to site / PCN grouping membership;
 - the PCN grouping / site has previously participated in phase 1 and/or 2 of the COVID-19 vaccination programme and wants to proceed with some changes (e.g. to site location or collaborating GP practices);
 - the PCN grouping / site has not previously participated in the programme.

*Form A: for existing PCN groupings / sites **with no changes to the membership of the PCN grouping / site** this will include:*

- Name of the site;
- Full site address (including postcode), region, STP and CCG;
- Site ID;
- Site ODS code (not individual practice ODS codes); and
- Indicative number of vaccines that the site could deliver in a week.

Form B: for existing PCN groupings / sites where there is a change in the PCN grouping's membership or site location for phase 3 we will additionally require the following information:

- (If applicable) Address of the new nominated Designated Site location (this nomination will need to meet the site designation criteria and have support from the CCG or regional office);

- (If applicable) ODS codes of practices which wish to join the PCN grouping;
- (If applicable) ODS codes of practices which wish to leave the PCN grouping;
- (If applicable) Details of any change to the lead practice payee as a result of a change in membership of the PCN grouping.

*Form C: for **new nominated Designated Sites / new PCN groupings**, we will additionally require the following information:*

- Named lead contact (including preferred email address and mobile telephone number);
- CQC registration number either for the site being used or for the premises whose license is being extended for use at an external site;
- Lead GP practice (Parent) ODS code; and the ODS code of that GP practice, which will receive payment on behalf of the PCN grouping (note that this cannot be a Federation);
- Names of the PCN(s) which have collaborating GP practices in the PCN grouping;
- Preferred point of care system, details of options can be found here: <https://digital.nhs.uk/coronavirus/vaccinations/point-of-care-phase-3-vaccinations>;
- Named SRO responsible for receiving vaccine and their registration number for the appropriate professional body;
- The ODS codes of all of the GP practices that form part of the PCN grouping (not the PCN code);
- Whether the site is based in NHS or non-NHS premises and which SIL is required;
- The names and email addresses of two users for the grouping for each of the below:
 - (a) Foundry
 - (b) Point of Care system

(c) NHSBSA's Manage Your Service (MYS) system

Changes to the membership of a PCN grouping in Phase 3

9. There is a window of opportunity between **14 July and 28 July** for GP practices to move or join established PCN groupings to deliver COVID-19 vaccinations in Phase 3, where this is appropriate and supported by the Commissioner (NHSE). Changes to PCN groupings will not take effect before 6 September 2021.
10. Where a GP practice wishes to move PCN grouping to deliver the ES under Phase 3, and this has been agreed in accordance with paragraph 9 above, they will not be able to continue to deliver COVID-19 vaccination services under phase 1 and/or 2 with their original PCN grouping.
11. If there are any changes to the lead practice payee as a result of a change in PCN grouping membership, this change will be actioned on the last day of the calendar month in line with the change control process (in this instance 30 September 2021). Payments to a new lead payee for the PCN grouping would be made from this point onwards, including any payments due to the PCN grouping under the phase 1 and 2 ES. For example, any undeclared Phase 2 activity from July 2021 would be paid to the new lead payee once the change has been actioned. PCN groupings are advised to ensure that all historic activity is correct on the Point of Care system and the PCN grouping has submitted and declared all previous months' activity via Manage Your Service prior to the change to the lead payee being actioned.

GP practices that do not wish to participate in Phase 3

12. Where GP practices are delivering services under the Enhanced Service Specification: COVID-19 vaccination programme 2020/21 (for phase 1 and 2 of the programme) and do not wish to participate in Phase 3, no further action is required.
13. If some GP practices in the PCN grouping wish to sign up to deliver the ES in Phase 3 and others do not, the GP practices which wish to continue can form a new PCN grouping, subject to meeting the requirements of the ES and Commissioner (NHSE) approval. At this stage the 20/21 ES would be terminated and they would go onto the new 21/22 ES. If the new PCN grouping wishes to use the same physical site location as the original PCN grouping, they will need to agree with the Commissioner (NHSE) the date from which one PCN grouping stops working from the site and the date that the new PCN grouping takes over. This should be documented in writing. The GP practices in the new PCN grouping

will need to ensure that they have control of the premises from the date that the new PCN grouping takes over and the 20/21 ES cannot be delivered from that premises.

Stage 1b: CCGs (undertaking administrative support on behalf of the Commissioner (NHSE)) notify regions how many PCN groupings have indicated they wish to participate in Phase 3

14. CCGs should notify the NHSE/I regional team how many PCN groupings/sites have indicated they wish to participate in Phase 3 by 17.00 on **Friday 30 July** by completing the 'Proposed site numbers' table (found [here](#)) and submitting via email.

15. Systems (ICS/ STPs) will ensure that the planned capacity is in line with local population needs, including underserved communities. Planned capacity includes all vaccination sites; including PCN grouping-led sites, Community Pharmacy-led sites and Vaccination Centres. Any capacity gaps will be discussed with regional teams and further support will be available through national work streams where required.

16. LVS sites (PCN and Community Pharmacy) will go through different processes to onboard into Phase 3, it is expected that systems will align capacity planning appropriately across delivery models.

Stage 1c: NHSE regions notify the NHSE national team how many PCN groupings wish to participate in Phase 3 by 17.00 on Monday 2 August

17. Regions to review the table received from CCGs and share with the NHSE/I national team by emailing necsu.slam@nhs.net to notify them of how many PCN groupings wish to participate in Phase 3 by 17.00 on **Monday 2 August**.

Stage 1d: CCG seeks assurance that the GP practices/PCN grouping has the capacity to participate in the phase 3 ES alongside delivering core general practice services, by Tuesday 10 August

18. GP practices that wish to deliver the ES will need to be able to assure their local CCG (which will provide administrative support to the Commissioner (NHSE)) that they have the capacity to deliver the ES requirements alongside the requirements of their core GMS/PMS/APMS contract and confirm that appropriate workforce resource will be in place from 6 September 2021 to support delivery of both the ES and the core contract requirements. This process is not intended to be onerous or place undue burden on GP practices.

19. CCGs may use part 2 and 3 (as applicable) of Forms A, B or C to support information gathering, but will need to record and submit information to the NHSE regional team via the webform which can be found [here](#).
20. We expect PCN groupings to work closely with their local vaccination programme workforce leads and Lead Employers to support their workforce planning and resourcing needs, including the return of workforce data to support this. Further support for questions relating to workforce can be accessed through the national team at: pcncp.workforceescalation@nhs.net.
21. In assuring PCN groupings, CCGs will need to consider whether GP practices in the PCN grouping:
- Have a sustainable workforce plan that they are able to evidence in writing, that shows resilience and additional staff over and above the core GP practices' workforce. It is recommended that the national protocol is used as the legal mechanism of vaccination delivery where possible. This will allow the primary care team to optimise all staff groups in their delivery, including unregistered and volunteer workforce, reducing the reliance on registered workforce. Further details can be found in the [LVS National Workforce Offer Support Toolkit](#). CCGs may also request evidence of the proposed staffing model and whether GP practices in the PCN grouping plan to use the national protocol or PGD.
 - Have thought through potential opportunities for efficiencies including considering co-administration with flu vaccinations. CCGs may request details about planned flu clinics and whether the intention is to use the site for the administration of both flu and COVID-19 vaccination clinics.
22. The Commissioner (NHSE) will consider the needs of the local population, including specific health inclusion groups or underserved communities, and assure themselves that potential impacts on health inequalities / access have been considered and a local EHIA undertaken.
23. CCGs will need to confirm in writing (via the webform) to the appropriate NHSE regional team the PCN groupings they recommend to the Commissioner (NHSE) for approval for delivery of the ES can sufficiently meet these requirements.

Stage 1e: CCG recommends to the Commissioner (NHSE) regional team whether a PCN grouping/site should be approved to participate in Phase 3 – Tuesday 10 August

24. CCGs should obtain the indicative number of COVID-19 vaccinations a site might be able to deliver per week for local capacity planning purposes. PCN groupings will be asked to provide this indicative figure in Part One of the forms.
25. CCGs confirm at this stage all nominated PCN grouping led sites so that any new sites can be onboarded and go through site readiness checks: see section 2. In line with capacity planning processes, CCGs should take views from local systems before making a final recommendation.
26. CCGs should complete the webform for each nominated Designated Site and submit to the NHSE regional team.

Stage 1f: Commissioner (NHSE regional team) reviews the CCG recommendations and takes final decision on the progression of recommendations and informs the NHSE/I national team by 17.00 on Friday 13 August

27. Commissioner (NHSE) regional teams inform NHS England national team which PCN groupings/sites have been approved (subject to meeting the site designation criteria - see paragraph X below) by **Friday 13 August**.
28. Regional teams will receive notification of when a CCG submits a return via the webform and can review information submitted before submitting to the NHSE national team once approved.
29. Regional teams should write to GP practices to confirm their participation in Phase 3 as soon as possible and **no later than the end of August**.
30. The timescales outlined above are final. It unfortunately won't be possible to accept incomplete or late applications to opt-in to Phase 3 due to the timescales to stand sites up and ensure appropriate coverage is in place.

Stage 2: PCN Site Designation

31. GP practices are expected to collaborate within their PCN grouping and to administer the majority of vaccinations from a nominated Designated Site from 6 September 2021. The exact configuration of Designated sites needs to reflect the variable size of the population which will be eligible to receive COVID-19 vaccinations from the PCN grouping so in exceptional circumstances a PCN

grouping may be permitted more than one Designated Site. This is subject to Commissioner (NHSE) approval and vaccination supply e.g. if the registered patient list size of the collaborating GP practices of the PCN grouping exceeds 100k or local geography and estates require it.

32. CCGs (which will provide administrative support to the commissioner, NHS England) should complete the Designation process (where required) for nominated Designated Sites by **17.00 on Tuesday 10 August** by completing Part Three and Four (as appropriate) of Forms B or C and submitting via webform ([here](#)) to the NHSE regional team. The Site Designation Criteria at Annex A will be applied to the proposed site as part of this process.
33. Regional teams will receive notification of when a CCG submits a return via the webform and can review information submitted before submitting to the NHSE national team once approved. Where it is necessary to put a site through the Designation Process, the region will receive one return with opt-in assurance and Designation assurance included.

Exsiting PCN groupings and Designated Sites used during phase 1 and 2

34. Where a PCN grouping is currently delivering COVID-19 vaccinations from a Designated Site which was approved for phase 1 and 2 of the COVID-19 vaccination programme and the GP practices in that PCN grouping want to continue using this site in Phase 3, it should expect that the Designated Site will be approved without further assessment, where assurance is given that the site continues to meet the designation criteria (including that the Designated Site demonstrates good access for Patients and value for money). Further assurances may be required in future in the event of new vaccines coming onstream, for example where Designated Sites are required to meet manufacturers' requirements around the storage and handling of vaccines.

New PCN groupings and sites

35. Where a new PCN grouping is formed / a new Designated Site is nominated, PCN groupings should discuss their likely Designated Site nomination with their CCG/ICS as soon as possible.
36. During phases 1 and 2 of the COVID-19 vaccination programme there were opportunities to utilise empty non-NHS estate and many Designated Sites were secured at low, or nil cost. Moving into Phase 3 we anticipate that these opportunities will be fewer, or that the costs of retaining use of that estate may be prohibitive. It is therefore expected that PCN groupings will where possible, use

existing premises within their collaborating GP Practices' control. It is assumed that use of any NHS estate outside of that portfolio would have costs covered by the Commissioner (NHSE) via the CCG. However, if this is not possible the PCN grouping will be expected to nominate alternative premises. The use of non-NHS premises may be agreed where the nominated Designated Site meet the designation criteria and offers good access for Patients and value for money, but this should be a last resort.

37. The Commissioner (NHSE regional teams) should use the following principles to assess for value for money of the nominated Designated Site:

- a. All possible options for the use of existing / NHS estate has been tested - this includes property held by NHS Property Services Ltd, Community Health Partnerships, GP estate, Pharmacy estate, Community Trust, Mental Health and Acute Trust estate.
- b. Where options at paragraph a (above) are not available, local authorities may be approached to test opportunities to utilise other public sector estate.
- c. Where there is no other option and commercial / retail space must be secured, rental cost per square metre should be reasonable having regard to the location, comparable across the region, and agreed by the regional estates team. Professional advice may need to be sought.
- d. The size of the facility is suitable (but not excessive) for the intended volumes of activity. This should be considered in the context of no social distancing requirements, which will vastly reduce the footprint required for the delivery of the ES. Standard infection control and privacy standards must still be applied.
- e. The landlord of the nominated Designated Site is not connected to the GP practices collaborating through the PCN grouping and which will deliver the ES.
- f. The nominated Designated Site is secured via Licence (or other appropriate property arrangement) to 31 March 2022. The proeprty arrangements are to be agreed with the Commissioner (NHSE) in advance and must be terminable without financial penalty, with no more than a one-month notice period.
- g. A nominated site which require modifications or improvements should be avoided. Any nominated Designated Sites which do require modifications or

improvements should be discussed with Commissioner (NHSE regional estates leads) prior to them being secured or any modifications made.

- h. Avoidance of dilapidation or exit costs at the end of the property arrangements, minimised through a Condition Survey ahead of occupation. This may be in the simplest form be photographs to record the condition of the premises. This will support to reduce any liabilities and/or disputes with the landlord in respect of reinstatement and making good upon exit.

38. The Commissioner (NHSE) shall determine whether the nominated Designated Site meets (and is likely to continue to meet) the requirements of the Designation Process while having regard to issues of Patient access, the geographical distribution of sites, the total number of Designated Sites that can be accommodated having regard to vaccine supply arrangements and value for money. The Commissioner (NHSE) shall have regard to the PCN grouping's preferences. The Commissioner (NHSE) shall have the right to choose between multiple nominated Designated Sites put forward by a PCN grouping.

Stage 3: PCN Site onboarding

39. Once a nominated Designated Site has been provisionally agreed by the local CCG and Commissioner (NHSE) regional team; and submitted to the Commissioner (NHSE) national team (by 10 August 2021) it will be assessed at a “go/no go meeting” in August at which final decisions will be taken on whether the site is ready to start receiving vaccine supply.
40. Prior to “go / no go” meetings, the following activities must be undertaken by the Commissioner (NHSE) national team for new PCN groupings / sites:
- a. All site data entered onto Foundry, site marked as ‘inactive – proposed’
 - b. Foundry Admin Users setup
 - c. Point of Care User Accounts setup
 - d. IT Admin User Accounts setup
 - e. Any SIL Equipment and Consumables required provisionally requested and delivery scheduled
 - f. IT Equipment provisionally ordered and scheduled for installation
 - g. NBS Setup, including site and Users

Final site readiness checks

41. In collaboration with the PCN grouping’s nominated contact (who will involve other representatives from the collaborating GP practices as appropriate), a CCG/ICS representative will then undertake site readiness checks with the PCN grouping for all new PCN groupings / sites.
42. In most cases a nominated Designated Site visit will be required however, this may be done remotely by a CCG/ICS representative familiar with the nominated Designated Site. CCGs/ICSs are strongly encouraged where possible to engage the PPI lay member of the CCG in the process to reflect patient involvement duties. When considering criteria relating to accessibility and equality of access, the CCG/ICS should take account of the needs of the local population including specific health inclusion groups. The CCG/ICS representative will record on the form their view as to whether each of the specified criteria has been met, including any explanation of why it does not believe the site meets one or more of the criteria.

43. The NHSE national team will hold “go / no go meeting(s)” with NHSE regional teams to formally sign off sites to go live from 6 September. In advance of “go/no go” meetings the NHSE regional teams working with their CCGs will need to confirm on Foundry that new sites meet the readiness checks and are therefore recommended for approval. Commissioner (NHSE) regional colleagues will also be asked to confirm this at “go / no go” meetings.

44. Following a successful authorisation at the “go / no go” meeting, the following actions will then be undertaken:

- a. Foundry updated to show the site as ‘inactive – approved’
- b. Designated Site confirmed to Supply & Logistics partners to confirm delivery schedule of SIL equipment and consumables setup
- c. Designated Site confirmed to vaccine allocation team to arrange vaccine delivery date and request anaphylaxis kits prior to first vaccine delivery. (Please note that the minimum period between go / no go and first vaccine delivery is 10 working days)
- d. Designated Site confirmed to PHE Publications to arrange delivery of first delivery of leaflets
- e. Designated Site confirmed to IT Team to confirm delivery and installation of IT equipment
- f. Point of Care users notified of training requirement & access to training materials

45. All new Designated Sites must have completed the Designation Process by Tuesday 10 August, prior to “go / no go” meetings and the commencement of the ES and / or prior to vaccine delivery for additional Designated Sites.

46. For existing PCN grouping phase 1 and 2 Designated Sites that have “hibernated” over the summer and are not required to go through the Site Designation Process again, these Designated Sites will need to be ready to administer COVID-19 vaccinations from 6 September 2021. Commissioner (NHSE regions) will need to confirm at go / no go meetings that these sites will be operational from 6 September 2021.

Post Site Designation

47. Once designated, all Designated Sites will be required to continue to meet the designation criteria for so long as required by the ES. GP practices must inform

the Commissioner (NHSE) immediately if for any reason a Designated Site ceases to meet the criteria.

48. If a PCN grouping wishes to change its Designated Site during Phase 3, the new nominated Designated Site will need to be assessed against good access for Patients and value for money criteria before a move can be agreed.

49. This process should be managed through the existing change control process via Commissioner (NHSE) regional teams.

Proposals to co-locate with a Community Pharmacy or Vaccination Centre provider

50. Co-location of vaccination sites in the same location is not generally something which can be supported due to increased operational risks. Where the risks can be mitigated and there is a strong rationale for doing so the Commissioner (NHSE) may consider this.

51. PCN groupings which wish to co-locate with another provider will need to discuss their proposal with the Commissioner (NHSE) regional team and if they are supportive a proposal should be submitted to: covid19.pcnsitechanges@nhs.net.

52. Further details on the assurance criteria can be found at Annex B, Commissioner (NHSE) regions should contact: covid19.pcnsitechanges@nhs.net for further details on the process.

Temporary vaccination clinics/pop up sites

53. We intend to continue to support the establishment of temporary vaccination clinics and pop-up sites where this will help to improve access and tackle vaccine inequalities. Further guidance can be found [here](#).

Timeline summary

Date	Milestone
14 July	General Practice Enhanced Service Specification for Phase 3 of the COVID-19 vaccination programme published and GP practices invited to opt in.
15 July	Briefing session for general practices, community pharmacy contractors and commissioners on the process

Wednesday 28 July (17.00)	Deadline for GP practices to indicate to their CCG (which will provide administrative support to the commissioner, NHS England) their willingness to participate in the Phase 3 arrangements and details of the nominated Designated Site.
Friday 30 July (17.00)	CCGs should notify their Commissioner (NHSE) regional team how many PCN groupings have indicated that they wish to participate in the Phase 3 arrangements.
Monday 2 August (17.00)	Commissioner (NHSE) regional teams notify the Commissioner (NHSE) national team how many PCN groupings wish to participate in the Phase 3 arrangements.
Friday 28 July – Tuesday 10 August	<p>1. CCG seeks assurance that the GP practices/PCN grouping has the capacity to participate in the Phase 3 arrangements whilst alongside delivering core primary medical services and has appropriate workforce resource; and confirms to Commissioner (NHSE) regional team by 17.00 on Tuesday 10 August.</p> <p>2. Where required for new nominated Designated Sites or changes to Designated Site locations, CCG undertakes checks against designation criteria and confirms to the Commissioner (NHSE) regional team by 17.00 on Tuesday 10 August.</p> <p>In line with capacity planning processes, CCGs should take views from local systems before making a final recommendation.</p>
Friday 13 August (17.00)	Commissioner (NHSE) regional teams review CCG/ICS recommendations and take a final decision; informing the national team by sending a complete list of assured sites by 17.00 on Friday 13 August .
August	Readiness checks undertaken by PCN groupings and CCGs.
By end of August	Designated sites formally signed off by Commissioner (NHSE) regional teams and national team at series of “go/no go meetings” (to note: post a go/no go decision, a minimum of 10 working days is required before vaccine will be delivered to new Designated Sites).
By end of August	Commissioner (NHSE) regions write to GP practices confirming their participation in Phase 3 and associated

	arrangements.
Monday 6 September [TBC]	ES commences.

Annex A: Site Designation Criteria

#	Criteria	Requirements
1	Storage and handling	1.1 Refrigerator capacity to store vaccine with sufficient space to store up to three separate vaccine brands, with separation to reduce the risk of selection errors, and sufficient airflow to maintain effective cooling. All refrigerators in which vaccines are stored have a thermometer that records maximum and minimum temperatures appropriate to the vaccine being administered. Arrangements are in place for readings and recorded from that thermometer on all working days.
		1.2 (For sites intending to undertake roving vaccinations.) Freezer space or confirmed capacity for a freezer for gel packs.
		1.3 Space to store PPE and other consumables (including linked consumables specifically diluent needle and syringe and combined needle and syringe)
		1.4 Ability to fully comply with all storage and handling requirements, including maximum allowable time at 2-8°c before administration and time between dilution and administration.
2	Planning and co-ordination	2.1 Ability to coordinate clinical capacity in line with JCVI cohort prioritisation and national/GP practice call/recall schedules and in alignment with national communications guidance, whilst maintaining appropriate levels of wider general practice capacity.
		2.2 Ability to administer vaccinations, in collaboration with other GP practices in the PCN grouping, during the hours of 8am to 8pm, 7 days per week and including on bank holidays or during appropriate hours across the week, including weekends, to meet the needs of the local

		population as agreed by the Commissioner (NHSE).
		2.3 Capacity and capability to collaborate with any national, regional and/or local Integrated Care System/Sustainability and Transformation Partnership operations centres in relation to vaccine stock forecasting and ordering arrangements that are put in place, which will include complying with the processes and requirements set out in any relevant Standard Operating Procedures. This will include PCN groupings providing weekly updates on actual stock and may include, for example, providing daily or weekly updates on actual stock use, vaccines delivered (including the brand of vaccine used), vaccine wastage and forecasted requirements. PCN groupings will need to submit information using the national Foundry system.
		2.4 Ability to coordinate vaccination clinics around the different types of vaccine supplied to ensure Patients receive the full course of the appropriate vaccine.
		2.5 Ability to accommodate the administration of new vaccine types as they become available.
		2.6 Ability to work with community partners and local CCGs/ICSs on local delivery plan to ensure best use of local resources and vaccination clinic schedules that offer Patients flexibility and choice.
3	Site Safety	3.1 Ability to ensure smooth entry and exit from the building complying with social distancing (if required) and current COVID-19 guidance, providing stewards if needed and ensuring there are adequate parking arrangements.
		3.2 Compliance with required assurance processes (including CQC and/or Local Authority Planning) if using a non-NHS site to deliver vaccination clinics.

		3.3 Premises meets basic infection control standards [NHS England » Standard infection control precautions: national hand hygiene and personal protective equipment policy].
4	Wastage	4.1 Ability to plan and deliver vaccination clinics with minimum wastage and certainly never more than 5%.
		4.2 Appropriate disposal of all waste and clinical waste.
5	Space	5.1 Physical layout of the premises that support the intended volumes of activity, complying with social distancing (if required) and with space for post-vaccination observation where required.
6	Workforce	6.1 The GP practice / PCN grouping has liaised with the local lead workforce provider (Lead Employer) regarding any additional workforce requirements (registered / unregistered / volunteers) that can be accessed through the national frameworks.
		6.2 If non-registered staff are to be used to administer vaccines they must be working under clinical supervision and the national protocol (to be published).
		6.3 Ensure a clear workforce plan is in place to provide adequate staff for vaccination clinics.
7	Patient Experience	7.1 Ability to provide appropriate information, advice and decision support to Patients attending for vaccination, including relevant pre/post vaccination materials, recognising these needs will be greater than with other routine vaccinations.
		7.2 Ability to support patients with additional needs, including access, language or communication.
		7.3 Complete equality impact assessments for vaccination clinic plans where the nominated site is not an existing GMS/PMS/APMS approved site.
8	Preparation	9.1 Appropriate space and trained and competent workforce to prepare the vaccine which will include dilution where required, using standard aseptic technique, and drawing up of multi-dose vials in all cases.

9	Administration	10.1 Ability to administer vaccines safely and effectively in accordance with the medicines regulations, clinical and IPC guidance in all settings.
10	Aftercare	11.1 Ability to provide post-vaccination observation of 15 minutes and compliant with social distancing (if required) and with access to necessary equipment and trained staff to provide immediate response to an adverse event.
11	Data collection	12.1 Compliance with point of care data collection requirements. (Specific arrangements to be confirmed in the service specification. Each Designated Site will need to ensure there is appropriate access to the relevant system to record the vaccination event the same working day as the vaccine administration and that all staff are trained and have the relevant access to support timely data collection.
12	Reporting	13.1 Contributing to regional readiness assessments; monitoring, reporting and responding to the early warning triggers and mitigation; reporting incidents; responding to daily and hoc requests for intelligence and information (e.g. on workforce).

Annex B: Criteria for co-location of a PCN grouping and Community Pharmacy or Vaccination Centre provider

The criteria for exceptional circumstances in which co-location of vaccination Designated Sites (e.g. where two PCN groupings/other providers share a single Designated Site or where two distinct Designated Sites share a single building) may be agreed include instances where co-location of services will:

- Improve equity of vaccine deployment for all co-located vaccination services.
- Improve value for money for all co-located vaccination services.
- Improve partnering and integration for all co-located vaccination services.
- Improve workforce resilience for all co-located vaccination services.

Assurance of mitigations in place must be provided to provide assurance in line with the following points:

- Patients will not be booked into / recalled for vaccinations at the wrong Designated Site or that Patients will be provided with clear information on which Designated Site they are due to attend for their vaccination.
- Measures are in place to ensure that vaccine is not received at the wrong entry point of the site.
- Appropriate pharmacy oversight and accountability of vaccine supply for each service is in place on the co-located site.
- Supplies logistics are appropriately managed by each service on the co-located site.
- Appropriate site management arrangements are in place for each service on the co-located site, including clinical waste and consumables.
- Appropriate Patient direction, communication, flow and site capacity management is in place for each service on the co-located site.
- The sequencing of Local Vaccination Service and Vaccination Centre readiness, activation and go-live activities will not adversely impact running of operational services.
- There is sufficient estate and workforce capacity and supply to meet demand.