

To:

- All GP practices
- All PCN-led vaccination sites
- All community pharmacy-led vaccination sites
- Vaccination centres
- All CCG accountable officers
- School aged immunisation services
- All directors of public health
- All directors of children's services
- All NHS trust and foundation trust chief executives
- All ICS and STP leads
- All local authority chief executives
- NHS regional directors
- NHS regional directors of commissioning

Skipton House
80 London Road
London
SE1 6LH

15 September 2021

Cc:

- Chairs of ICSs and STPs
- Chairs of NHS trusts and foundation trusts

Dear colleagues

Vaccination of healthy children and young people aged 12-15

[Following the Government's acceptance](#) of the UK CMOs' recommendation to extend the offer of universal vaccination with a first dose of the Pfizer vaccine to all children and young people aged 12 to 15 (who are not already covered by existing JCVI advice), below sets out the actions that need to be taken to ensure the timely operationalisation of this work.

We are grateful for the significant work that has already been undertaken across systems to prepare for the Government's decision.

This is a new delivery model for the programme, and systems should commence formal engagement with their local school aged immunisation service (SAIS) providers to operationalise delivery of COVID-19 vaccinations in school settings and make specific provision available for those children aged 12-15 who are not in mainstream education.

Systems will ensure that all existing SAIS providers are offered the opportunity to provide the COVID-19 vaccination service and should be supported to work with all local providers to bolster and supplement capacity using existing staff sharing arrangements through lead employers or sub-contracting with partners, if required.

Beyond outreach to those not in mainstream education, any system planning to vaccinate children in a setting outside of a school more widely should only do this by exception and with agreement of the NHS Regional Director. The children's service will be delivered alongside existing requirements of the National Vaccines

Programme and in agreeing exceptions systems must consider the impact on wider capacity for vaccinations.

ACTIONS NOW REQUIRED

For immediate action by systems

Systems should now take the following actions to ensure that all children aged 12 (on or before the date of vaccination) to 15, in line [with the UK CMOs' advice](#), are provided with consenting materials, screened and have received an invitation/ date to be vaccinated before the half-term break.

Only those existing vaccination sites who have been sub-contracted or reached agreement with their NHS England regional team should commence vaccinating this cohort. This includes PCNs.

Our objective is to vaccinate children as quickly as is safe and practical, with the majority of school visits completed and vaccinations administered before October half term. Recognising there is a 5 week period from go-live to half term, it is acknowledged some school visits may fall after the half term break. In these instances, the offer process, and the date of vaccination, should be confirmed before the half term break.

As per previous advice and instruction, systems are reminded of the importance of timely vaccination of at risk 12-15 year olds on a two dose schedule.

1. Overall readiness

Systems should make preparations to commence the programme no later than Wednesday 22 September working collaboratively with schools, Directors of Public Health and Local Authorities to ensure a high quality service is delivered at pace to children with minimal disruption to their education.

Providers should review the Service Specification and note the processes for infection control, medicines management and consent.

The service specification covers the primary offer of a vaccination to all 12-15s (including all children who are 12 on or before the date of vaccination). A follow-up offer will be required to ensure that those turning 12 after this date, those who are unable to take up the offer due to absence from school on the day of vaccination and/or a positive COVID result within 28 days of the vaccination date in school, as well as those who subsequently change their minds or take longer to reach a decision about taking up the vaccine offer, are able to access the vaccine.

Further guidance will follow on the expectations of a secondary offer, and the evergreen offer for those turning 12. It is anticipated that this will be delivered out-of-school (to minimise any further disruption to education and other immunisation programmes). The CMOs have noted the importance of influenza vaccination and other immunisations of children and young people. Systems will be required to consider the equalities impact of any secondary offer, particularly in relation to those

schools that are going early in the deployment programme where consent and uptake rates may be lower.

Vaccination of at risk 12-15s and 16-17 year olds should continue at pace in the wider vaccine delivery network. It is anticipated that systems will be able to utilise school aged immunisation services to enhance the vaccination offer to clinically vulnerable 12-15 year olds and 16-17 year olds in schools who have not yet taken up a first dose. A separate service specification will follow for these groups, in order that the primary service specification is not delayed.

2. Commence the consent and invitation process

Consenting information leaflets will be made available imminently. Providers should immediately liaise with school settings to make arrangements to send out information and consent details to parents/carers of all children and young people aged 12-15 not already covered by existing JCVI advice and to agree date(s) for vaccination. Systems will need to have processes in place to exclude children that have already received a first dose under previous JCVI advice.

Providers should ensure that their consent processes follows best practice outlined in the [Green Book](#).

Any Provider that opts to enter into a subcontracting arrangement with additional Providers will need to ensure that consent forms include the name(s) of all Providers that will be participating in the care pathway – specific guidance can be found in the Service Specification.

3. Workforce

System lead employers should contact their local SAIS providers to discuss workforce requirements and support the deployment of additional staff to ensure there are additionality and resilience arrangements in place.

The [workforce considerations for vaccinating children aged 12 – 18 years old shared on 23 July 2021](#) include the clinical red lines, training standards and competencies that any individual vaccinating a child or young person should have achieved. This remains unchanged and lead employers should ensure they continue to apply this guidance and train as many people as possible to ensure maximum coverage of staffing.

4. Co-administration

Systems may find it beneficial operationally to co-administer COVID-19 with other routine immunisations including influenza. Guidance on co-administration can be found in the [Green Book](#). **Systems should not delay vaccinations to co-administer.**

5. Patient Group Directive and National Protocol

The PGD will be available on 21 September, in readiness for commencement of vaccinations on 22 September and the National Protocol will follow soon thereafter.

6. Contracting for services

A package of contracting materials will be sent directly to systems via NVOC. This will include a contract specification and Letter of Intent.

We are holding a webinar this **Thursday 16 September from 4pm to 5pm** to set out the next steps. Please [register here](#) by 2.30pm this Thursday and further details will be provided then.

Thank you in advance for everything you are doing to continue to deliver a world-leading vaccination programme.



Professor Sir Keith Willett
SRO Vaccine Deployment
NHS England and NHS Improvement



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