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To: ICS and STP Leaders

Copy to:

- CCG Accountable Officers
- GP practices
- PCN-led local vaccination services
- Community pharmacy-led local vaccination services
- Vaccination centres
- Chief Executives of all NHS trusts and foundation trusts
- NHS Regional Directors
- NHS Regional Directors of Commissioning
- Directors of Public Health
- All Local Government Chief Executives

3 December 2021

Dear Colleague

***JCVI advice in response to the emergence of the B. 1. 1.529 (Omicron) variant: next steps for deployment***

On Monday the government accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) following the emergence of the Omicron variant.

The JCVI advise an acceleration of COVID-19 vaccination to increase protection ahead of any wave of infection and to help reduce the impact of the Omicron variant of COVID-19. The JCVI recommend that:

*“Booster vaccination eligibility should be expanded to include all adults aged 18 years to 39 years.*

*“Booster vaccination should now be offered in order of descending age groups, with priority given to the vaccination of older adults and those in a COVID-19 at-risk group. Booster vaccination should not be given within three months of completion of the primary course.*

*“Severely immunosuppressed individuals who have completed their primary course (three doses) should be offered a booster dose with a minimum of three months between the third primary and booster dose. Those who have not yet received their third dose may be given the third dose now to avoid further delay. A further booster dose can be given in three months, in line with the clinical advice on optimal timing.*

*“Both the Moderna (50 microgram) and Pfizer-BioNTech (30 microgram) vaccines should be used with equal preference in the COVID-19 booster programme.”*

The JCVI also advise that children and young people aged 12 to 15 years should be offered a second dose of the Pfizer-BioNTech COVID-19 vaccine at a minimum of 12 weeks from the first dose. No immediate action is required, and we will write separately on implementation of this advice.

A full copy of the JCVI's advice can be found [here](#).

## **NEXT STEPS FOR DEPLOYMENT**

The JCVI are clear that those at greatest risk must be prioritised, including those who are housebound, and those severely immunosuppressed. Therefore, the NHS will offer vaccination in descending age groups, with priority given to the vaccination of older adults and those in a COVID-19 at-risk group first.

## **IMPLEMENTING THE NEW DOSING INTERVAL**

The National Booking Service (NBS) is now being updated to reflect the three-month (91 days) interval from second dose to booster. Our intention is to go live as soon as possible and no later than 13 December. As these changes are being made, existing booking arrangements will remain in place: individuals in cohorts 1-10 can book their booster from five months (152 days) post second dose, for slots from six months (182 days) after their second dose.

UKHSA is now updating the Patient Group Directive (PGD), the National Protocol and Green Book Guidance to reflect the three-month interval. We expect these to be updated no later than 13 December. We will ensure the NBS opening and PGD publication are aligned.

## **INCREASING CAPACITY**

We recognise the pressure all local services are under, however as the Secretary of State for Health and Social Care has said, the 'new national mission' is to increase vaccine capacity. There are no supply challenges with either the Moderna or Pfizer booster stocks, therefore all vaccination sites are now asked to load their NBS calendars to the end of January, where possible.

**For PCN-led Local Vaccination Services:** Given the invaluable contribution and scale of effort required in primary care, several measures will now be put in place to support all PCN-led local vaccination services. These include creating capacity and financial support. These will allow wherever possible practices and PCNs to continue to pursue the clinical ambitions underlying QOF and IIF while releasing capacity to support the increased vaccine effort:

- a) **Creating capacity:** Creating capacity within primary care will be enabled by the following: If participating in the vaccination programme, income protection for the Minor Surgery DES will apply from 1 December 2021 until 31 March 2022. Local commissioners should make the monthly payments to practices for the Minor Surgery DES that they made for the corresponding period from 1 December 2018 to 31 March 2019. No contract enforcement will be taken where no activity is done under the Minor Surgery Additional Service from 1 December 2021 to 31 March 2022. Capacity released must be redeployed to vaccination.

- b) From 1 December 2021 to 31 March 2022, where contractors consider it clinically appropriate, routine health checks for those over 75 and for new patients may be deferred.
- c) The evidence-based care provided via QOF continues to be important in minimising health inequalities, securing the best outcomes for those with long term conditions and preventing wider system impacts. In order to support the ongoing response to COVID-19 and the increase in vaccination capacity, combined with the need to target proactively and support our most vulnerable patients during this period, we will introduce the following changes for 2021/22:
- Some QOF indicators will continue to be paid on the basis of practice performance. These include vaccination, cervical screening, register indicators and those related to optimal prescribing.
  - Others will be subject to income protection based upon historical practice performance, in a similar way to arrangements in 2020/21.
  - To be eligible for income protection, practices will need to agree with their commissioner a plan that will set out how QOF care will be delivered wherever possible but with priority according to clinical risk, and accounting for inequalities.
  - QOF will recommence in April 2022.
- d) For the IIF, the indicators introduced in April 2021 covering flu immunisation and the completed work on appointment recording and categorisation will be paid as normal. The remaining indicators will be suspended and the funding repurposed. The majority of the funding allocated to these suspended indicators will instead be allocated to PCNs via a PCN Support Payment, on a weighted patient basis, subject to confirmation from the PCN that it will be reinvested into services or workforce. The remaining funding will instead be allocated to a new IIF incentive to support PCNs whose practices are fully participating in the vaccination programme. Further details will follow. IIF will recommence in April 2022.
- e) The Dispensing Services Quality Scheme will be amended to reduce the requirement for medication reviews from a minimum of 10% of dispensing patients to a minimum of 7.5% for 2021/22. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review.

**Financial support:** Enhanced financial support for PCN-led local vaccination services, to help sites attract and retain staff, including during unsociable parts of the week, is now available. This comprises:

- an increase to the Item of Service (IoS) fee to £15 per jab administered on weekdays and Saturdays from 1 December 2021 to 31 January 2022 (exclusive of days designated as a Bank Holiday) and an increase to the IoS fee to £20 per jab administered on Sundays or Bank Holidays over the same period
- an increase in the supplement for third dose and booster vaccination of house-bound patients to £30 from £20 until 31 December, backdated for those already carried out

- a temporary supplement of £10 for the administration of COVID-19 vaccinations to severely immunosuppressed people from 1 December 2021 to 31 January 2022. From 1 December, LVS sites are advised to select the 'other residential settings' field within the Point of Care systems to ensure an additional supplementary payment of £10 can be applied to the Item of Service fee for any doses administered to patients identified as severely immunosuppressed. Point of Care system suppliers have been requested to amend the text within their system to reflect this change and this will be introduced imminently but should not prevent any site from recording this information and claiming the additional payment. Please note this payment will not apply to any vaccinations administered prior to 1 December 2021
- an enhanced payment to support Clinical Director and management leadership of PCN sites to 1 WTE for the period 1 December 2021 to the end of March 2022.

**Regulatory activity:** The CQC have confirmed that routine inspections of practices will continue to be paused, and only risk-based assessment will be undertaken, where deemed critical to safety and quality.

We recognise this additional support may now enable additional PCNs to participate in the vaccination programme, therefore the sign-up window for the Phase Three GP COVID-19 Vaccination Enhanced Service (ES) has now been reopened. Practices who wish to sign up should liaise with their local commissioner as soon as possible to discuss next steps.

PCNs that have opted in to deliver boosters to Cohort 10 will be able to deliver boosters to Cohorts 11 and 12 once these cohorts are opened. In addition, PCNs should prepare for further delivery of vaccination cohorts if announced.

There is some opportunity for PCN-led local vaccination services to be onboarded to the NBS where there is a strategic need. Please liaise with your local commissioner so that regions can prioritise available licences. Any sites onboarded onto the NBS should use the system for the majority of their bookings.

**For Community Pharmacy-Led Local Vaccination Services:** Recognising the critical role community pharmacy LVS plays in local communities, we will provide the enhanced financial support to CP-led LVS to help sites attract and retain staff, including during unsociable parts of the week. This comprises:

- an increase to the IoS fee to £15 per jab administered on weekdays and Saturdays from 1 December 2021 to 31 January 2022 and an increase to the IoS to £20 per jab administered on Sundays or Bank Holidays over the same period
- an increase in the supplement for third dose and booster vaccination of house-bound patients to £30 from £20 until 31 December, backdated for those already carried out
- a temporary supplement of £10 for the administration of COVID-19 vaccinations to severely immunosuppressed people from 1 December 2021 to 31 January 2022. From 1 December, LVS sites are advised to select the 'other residential settings' field within the Point of Care systems to ensure an additional supplementary payment of £10 can be applied to the Item of Service fee for any doses administered to patients identified as severely immunosuppressed. Point of Care system suppliers have been requested to amend the text within their

system to reflect this change and this will be introduced imminently but should not prevent any site from recording this information and claiming the additional payment. Please note this payment will not apply to any vaccinations administered prior to 1 December 2021.

In addition, we are discussing with the Pharmaceutical Service Negotiating Committee any further measures that may be required to support community pharmacy in delivering vaccinations.

**For Hospital hubs:** Hospital hubs continue to play a critical role in the vaccination of health and care staff. Given the scale of the challenge, we are now asking hospital hubs to work with their system partners to review their capacity and extend their booster offer.

As a priority, hospital hubs should continue to offer vaccinations to their staff and extend their offer to patients who are immunosuppressed, as well as opportunistic vaccination of inpatients and outpatients, as a minimum. If they did so in the first phase of the vaccination programme, hospital hubs should again implement local booking solutions to vaccinate other health and social care workers and unpaid carers in their area. Where this is required locally, hospital hubs should also provide an offer to the general public by becoming a hospital hub plus and utilising the NBS or local booking systems.

## WORKFORCE

Systems have highlighted workforce as a rate limiting factor for increasing capacity, particularly in rural areas. Therefore, the following steps to improve access to additional workforce are now being put in place:

- A request to the Ministry of Defence to secure military personnel to provide rapid deployment vaccination teams across England.
- All national NHS organisations have now been asked to deploy their registered healthcare professionals into vaccination services.
- Clinical students are being invited to work bank shifts when not engaged in educational activities or on placement. Students will be contacted directly and asked to rapidly register.
- NHS Professionals have committed to recruiting staff including registrants, unregistered vaccinators, healthcare support workers and administrators.
- Contingency staff pools offered through NHS Professionals (vaccine operational support teams) will be expanded, increasing coverage across the country.
- St John Ambulance are re-engaging existing volunteers and recruiting additional vaccinator volunteers, patient advocates and post vaccination observers.
- A new campaign to recruit more stewards and volunteers has been launched by the Royal Voluntary Service. All vaccination services can book these volunteers directly through the GoodSam app.

Your system lead employer can provide assistance and access to all of the resources listed above. Their contact details [are set out here on FutureNHS](#), and have been provided alongside the cascade of this letter.

Finally, in their December [update](#), the UKHSA estimate that, as of 24 September, 127,500 deaths and 24,144,000 infections have been prevented as a result of the COVID-19 vaccination programme. As we approach the anniversary of offering the first vaccination in the world outside of a clinical trial, we want to thank you for your continued commitment to saving lives and protecting communities.

Yours sincerely



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