

To: ICS leads

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- CCG Accountable Officers
- PCN Led Local Vaccination Services and all GP Practices
- Community Pharmacy Led Local Vaccination Services
- NHS England & NHS Improvement Regional Directors
- NHS England & NHS Improvement Regional Directors of Commissioning
- All Directors of Public Health
- All Local Government Chief Executives

23 February 2022

Dear Colleague,

### ***Next steps for the NHS COVID-19 Vaccination Programme planning and delivery***

Over the last 14 months we have collectively delivered an incredible 117 million Covid-19 vaccine doses and rapidly adapted our approach to respond to new scientific and Government advice. As a result of our efforts the latest UKHSA data shows over 100,000 hospitalisations have been avoided. This could have only been achieved through the collective efforts of the NHS, local authorities, voluntary and community sector organisations and communities themselves.

We are writing to set out the current priorities for the COVID-19 vaccination programme for 2022/23, based on the central role of vaccination to the Government's strategy for *Living with Covid-19*, the latest Government advice to deliver a spring dose for those most at risk, and to offer vaccination to 5-11 year olds.

Over the next few weeks, we will continue to work with you to prepare for the year ahead. As Integrated Care Boards become statutory bodies later this year, subject to legislation, the deployment of the COVID-19 vaccine will need to be designed with this transition phase in mind.

### **Planning for 2022/23**

The latest JCVI advice published [here](#) states:

*“The Joint Committee on Vaccination and Immunisation (JCVI) recognises that there remains considerable uncertainty with regards to the likelihood, timing and severity of any potential future wave of coronavirus (COVID-19) in the UK. There may be a transition period of a few years before a stable pattern, such as a regular seasonal wave of infection, is established. Advances in vaccine technologies and therapeutic agents in the meantime are ongoing.”*

In the context of this uncertainty, for the year ahead, there are three key priorities: i) continued access to COVID-19 vaccination; ii) delivery of an autumn COVID-19 vaccination campaign if advised by JCVI; and iii) development of detailed contingency plans to rapidly increase capacity, if required. Across each, the focus must remain on increasing uptake in all communities and addressing unwarranted variation.

Planning for the year ahead will need to cover two time periods to reflect the delivery of continued access to COVID-19 vaccination throughout the spring/summer and an autumn vaccination programme as set out in this letter.

The materials provided in and with this letter give systems the basis on which to develop detailed operational plans for the next six months, and provisional plans to provide autumn boosters should we be instructed to do so. This provides an opportunity for systems to rethink network design to best meet the needs of their population, albeit with ongoing uncertainties. Because the autumn booster campaign will only be decided later in the year, we will use the provisional plans for September 2022-April 2023 to work with systems and with government to ensure we have the right financial and commercial mechanisms in place to best support system delivery.

For 2022/23, we need to maximise every opportunity to build greater alignment with other vaccination programmes and strengthen relationships to support effective delivery and make best use of resources, wherever clinically and operationally possible. This means identifying opportunities to co-deliver and co-promote, as well as co-administer alongside other vaccination programmes (e.g influenza or pneumococcal vaccines) where appropriate. All vaccination sites will be expected to create opportunities to improve population health, delivering as a minimum health promotion advice and offering health and screening checks where possible to further address health inequalities.

Systems need to continue to strengthen their local partnerships, especially with local authorities, working together to design and deliver a continued offer for the year ahead, with clear ownership at each level, drawing on the insight, experience and expertise of all partners.

COVID-19 vaccination will continue to be supported by nationally co-ordinated enablers including: technology and data; supply chain; workforce; finance; and communications and marketing. Further details on the current planning parameters have been shared alongside this letter. The operational principles for *Making Every Contact Count* (MECC) alongside the COVID-19 vaccination event will be published shortly.

## **1. Continued access to COVID-19 vaccination**

Systems need to continue to deliver a Covid-19 vaccination offer, with a focus on addressing inequalities and reducing variation, which as a minimum should ensure:

- i. A vaccination offer to all children aged 5 – 11 years. The latest JCVI advice for children can be found [here](#) and the guidance to support implementation [here](#). This offer should commence from early April.
- ii. A vaccination offer of a spring dose at around 6 months after the last vaccine dose for adults aged 75 years and over, residents in a care home for older adults, and individuals aged 12 years and over who are immunosuppressed, as defined in the Green Book. The JCVI advice can be found [here](#), and an operational note with

further details will follow shortly. This offer is expected to begin from early April and systems will need to consider how to deliver without impacting on core NHS services. Unlike in earlier phases, PCN groupings are not expected to be the primary delivery model for this part of the programme.

- iii. A continued vaccination offer to those who have recently become eligible, including: at risk 5-11s, 12-15s, and newly at risk groups such as those who are pregnant, eligible severely immunosuppressed and their families or households.
- iv. Continuous community engagement to improve confidence and promote uptake supported by appropriate access to vaccination. The configuration of this offer will vary by system as it will be co-designed to meet local population needs.
- v. Appropriate access to the overseas vaccine record validation service to meet local demand.

## **2. Delivery of an autumn COVID-19 vaccination campaign if advised by JCVI**

Vaccines form the basis of the Government's strategy *Living with COVID-19*, and future campaigns will continue to be guided by JCVI advice. In the latest JCVI advice [here](#) it states:

*“Despite the known uncertainties, in the year ahead, winter will remain the season when the threat from COVID-19 is greatest both for individuals and for health communities. It is JCVI’s interim view that:*

- *an autumn 2022 programme of vaccinations will be indicated for persons who are at higher risk of severe COVID-19; such as those of older age and in clinical risk groups*
- *precise details of an autumn programme cannot be laid down at this time*
- *this advice should be considered as interim and for the purposes of operational planning”*

In response, each system will need to ensure sufficient operational flexibility to respond quickly and effectively to a potential autumn campaign, with minimum disruption to core health and care services, including other vaccination services. Planning for a minimum scenario to offer vaccination to JCVI cohorts 1-6 and for a maximum scenario to include JCVI cohorts 1-9. With vaccination offered within 15 weeks between September and December 2022. These scenarios are to support planning and are subject to necessary Government spending approvals.

## **3. Contingency plans to rapidly increase capacity**

Learning from our response to the Omicron variant, systems also need to be able to rapidly increase capacity to offer vaccination to everyone aged 12 years and older, should this be advised by JCVI. Systems will need to have the ability to surge to reach required capacity within two weeks, irrespective of where we are in the delivery cycle.

Building on what worked well previously, surge plans will need to consider options for quickly increasing capacity such as extending opening hours, additional pods at existing sites and pop ups. Systems should also consider the most effective and efficient

sequencing of site mobilisation to ensure sufficient capacity in the right place to reflect the needs of the local population.

### **Next steps**

Over the next few weeks systems will need to further engage with their providers to understand their capacity to support the delivery of these priorities. Over the next few weeks, systems will need to confirm their detailed operational plan for the delivery of uninterrupted COVID-19 vaccinations for the period to September 2022, and share the outline of the delivery plan for the remainder of the financial year.

The detailed materials to support the planning process have been provided alongside this letter.

Thank you again for your continued work that has without doubt saved thousands of lives.

Yours sincerely



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