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COVID-19 vaccination programme

Site designation and onboarding process

September 2022 – March 2023 (Phase 5)

Version 1, 6 July 2022

Any queries about this document should be directed to
england.pcCovidVaccine@nhs.net

Contents

Introduction

1. This document describes the process and timeline for the designation and onboarding of Primary Care Network (PCN), community pharmacy (CP), vaccination centre (VC) and hospital hub/hospital hub+ (HH/HH+) led COVID-19 vaccination sites for participation in phase 5 of the COVID-19 vaccination programme between September 2022 and March 2023. It should be read by GP practices, pharmacy contractors, NHS trusts, integrated care systems (ICSs) and NHS England regional teams. A timeline and summary of key milestones is included at Annex A.

2. All COVID-19 vaccination sites, whether they are new to the programme or have operated in a previous phase, will require a level of assurance in advance of participating in the next phase of the programme. This may range from regional confirmation that a site remains in an assured state, to full site designation outlined in Stage 2 of this document.

3. Any active or paused[1] sites which do not wish to continue into phase 5 or are not commissioned for the next phase will need to close. Regions must inform the national team via established processes to progress site closures.

4. Our planning assumption is that commissioned sites will need to deliver autumn/winter COVID-19 vaccinations between 5 September and 31 December 2022. Therefore, sites will not be permitted to pause between those dates. Any sites paused during summer 2022 that are continuing into phase 5 of the programme will be reactivated in time for the September contract start date. It may be possible for systems and regional teams to request that sites pause, if required, from January 2023.

5. For further information, please contact:

   - Local Vaccination Service (LVS) sites – england.pccovidvaccine@nhs.net
   - VC sites – england.vc.planassure@nhs.net
   - HH/HH+ sites – c19vaccination.dephospital@nhs.net.

[1] It has been possible to ‘pause’ sites between April and September 2022 to help manage system capacity. Paused sites do not undertake any vaccination events but remain under contract and are not formally closed; and can be reactivated if needed, with the agreement of the commissioner, over the summer months.

Stage 1: Identification of sites

6. Once regions and systems have determined their population needs in line with the system letter of 22 June they should identify providers wishing to participate and commission sites that meet requirements for phase 5.

Actions required of providers

7. **Local Vaccination Service (LVS) providers** must notify their local system of their interest in participating in Phase 5 of the COVID-19 vaccination programme by 17.00 on 14 July 2022. Requests made after that date may be rejected where alternate provisions have been put into place by the commissioner. They must agree the location that they expect to use to administer COVID-19 vaccinations, the number of vaccinations that they will administer each week, cohorts served, and how they will deliver the vaccination service without affecting their usual services.

    - GP practices must indicate to their local commissioner/system (which will provide administrative support to the commissioner [NHS England]) their willingness to participate in the enhanced service (ES) by 17.00 on 14 July 2022.

    - Pharmacy contractors currently commissioned to provide vaccinations under the phase 3 local enhanced service (LES), including paused sites, must indicate to their local commissioner their willingness to participate in the enhanced service (ES) by 17.00 on 14 July 2022. Participation will be subject to population need and capacity being required. Further information about the process can be found in the Expression of Interest process.

    - Pharmacy contractors that are not currently commissioned under the phase 3 LES are invited to express an interest in delivering services under the ES subject to population need regardless of whether they have participated in previous phases of the COVID-19 vaccination programme or not. They should review the document published and submit details at https://cv19pharmacyeoi.necsu.nhs.uk/ by 17.00 on 20 July 2022.

8. **NHS trusts** should confirm to their Integrated Care System (ICS) their intention to vaccinate their own frontline healthcare workers (HCWs) and eligible patients

in line with the system letter. Regions should work with systems (ICSs) and notify the national team of sites participating in phase 5 of the COVID-19 vaccination programme via the autumn planning return. If trusts are not vaccinating these groups directly, they should indicate the relevant pathway for vaccination in the autumn planning return on 18 July. Those trusts wishing to offer vaccination to the wider public as a HH+ should indicate their intention to their system by 17.00 on 25 July 2022. VCs which will be commissioned for Phase 5 should be confirmed by systems by 17.00 on 25 July 2022.

9. The local commissioner will confirm the email address that submissions should be sent to.

10. The timescales outlined above are final. It will not be possible to accept incomplete and/or late indications of interest to sign up to phase 5 due to the timescales to stand sites up and ensure appropriate coverage is in place. Any indications of interest made after the dates outlined will be considered by exception only.

Actions required of systems (ICSs)

11. Where providers have indicated that they wish to participate, local systems must establish whether the proposed site meets population need without impacting on other commissioned services. Further detail about the factors which should be considered for each delivery model are included at Annex B.

12. Before making a submission to the national team, system and regional colleagues should consider the type of site/capacity that is required in their local area and make decisions based on available data, eg utilising the strategic health asset planning and evaluation (SHAPE) tool and considering patient and public feedback. An equalities impact assessment should be undertaken with any capacity gaps discussed with regional teams. Further support will be available through national workstreams where required.

13. Systems (ICSs) must ensure that the planned capacity across all delivery models is in line with local population needs, including underserved communities.

14. In addition, colleagues should consider the available guidance on roving vaccinations and temporary vaccination clinics which offer alternative routes for

increasing capacity. We intend to continue to support the establishment of temporary vaccination clinics (e.g. roving and pop-up models) in phase 5 of the programme, where setting up such a site will help to improve access and tackle vaccine inequalities and subject to sign off by the local commissioner. Further guidance can be found in Annex C. Please note not all models may be eligible for non-clinical IT kit.

15. Once systems are content that the site meets the necessary requirements, they should request that the site is commissioned in phase 5:

    - For existing sites (either active or paused) systems should confirm to regions their intention to participate in phase 5 as part of the work to complete autumn COVID-19 capacity planning templates. Regional teams will confirm by when they need this information, however it must be shared before 13 July 2022.

    - For new sites, or sites which have previously fully closed and whose contract has terminated, systems should work with regional teams for site designation (further details below).

16. If a need for community pharmacy-led sites is identified as part of the process of determining system plans above, then the system and region must collaborate to ensure that current providers continue to meet key site designation requirements and identify and select new sites fairly and transparently using the process published.

Actions required of regions

17. Once systems have made their request to regional teams, regional colleagues should write to GP practices to confirm their participation in phase 5 as soon as possible.

18. Regional teams must then confirm to the national team which sites currently contracted to deliver services under phase 3/4 (either actively delivering vaccinations or paused) will continue into the next phase of the programme via the autumn COVID-19 Capacity Planning template which should be returned to covid19.vaccdeploymentpmo@nhs.net by 17.00 on 18 July 2022.

19. At a minimum, the national team will seek confirmation from regions that:

- sites still meet relevant requirements/assurances for their delivery model and can continue without further review required
- site data held is correct e.g. lead contact details, site location, cohorts served, provider/PCN grouping membership, etc (or confirmation that change requests will be submitted using existing delivery model processes for action in time for the autumn/winter go live date)
- the site does not require additional kit from the national team.

20. Sites currently contracted to deliver services under phase 3/4 (both active or paused) requiring additional non-clinical IT kit, e.g. due to a change in vaccination volumes to be delivered, will need to come through designation, unless this kit can be sourced locally.

21. **New sites and sites which have previously closed** will also require assurance and site designation.

Stage 2: Site designation and onboarding

22. Site designation is the process by which regions confirm that sites meet the necessary assurance criteria to be put forward for onboarding.

23. Site designation does not provide final site assurance for go live. Final assurance steps are set out in stage 3. Once onboarding is completed final assurance must be confirmed before sites can begin vaccinating in line with the terms of their contract or commissioning agreement.

24. The national site designation process will be opened from 21 July 2022 to enable new capacity to be onboarded in line with this identified local need.

25. As we move towards a routine commissioning and delivery model, equipment and supply inventory list (SIL) will not be nationally supplied to any newly designated sites. In some circumstances, it may be possible for regional teams to supply sites with equipment recovered from closed sites. Where this is not possible, sites should order and receive stock through usual supply routes. A suggested list of items will be available as guidance to allow sites to prepare for commencement of vaccinations.

Actions required of systems

26. Once local systems and regional teams have an understanding of where existing capacity will continue into phase 5, a view can be taken about where additional capacity is required and which site type would best meet this requirement. SHAPE mapping and other data, as well as patient and public feedback, should help to inform these decisions.

27. When considering which sites to put forward for designation, systems and regions should note that we are **not generally able to support co-location of providers** due to the increased operational risks co-location poses. In exceptional circumstances, and only where the risks can be mitigated and there

is a strong rationale for doing so, the commissioner (NHS England national team) may propose co-location.

- Providers who wish to co-locate with another provider will need to discuss their proposal with their regional commissioner (NHS England) and if supported, a proposal should be submitted to necsu.lvsfoundrydata@nhs.net. The proposal should include a risk assessment against the criteria set out in Annex D.

28. Local systems will need to undertake site assurance as required for each delivery model as outlined in Annex B and update the relevant regional team when this is completed.

Actions required of regions

29. Once assurance has been completed and confirmation sent to them, the regional team should review the sites which local systems have assured; and take a final decision on whether these sites should be submitted for designation.

30. The regional team should then inform the national team which sites have been approved (subject to meeting the site designation/readiness criteria as required) via existing site designation request processes. Fields requested in existing LVS webforms are included in Annex E.

31. Notice will be given to regions and local systems as to when the designation period for autumn will close.

Actions required of national team

32. Once a designation request has been submitted to the national team, it will be reviewed by the national site onboarding, management and control group (control tower) where final decisions are made for progression to onboarding.

33. It is anticipated that control tower meetings will be held twice a week as a minimum (on Tuesday and Thursday), with scope to increase frequency as needed. Regional colleagues should note that sites need to be submitted a minimum of 24 hours before a control tower meeting to be considered at the next meeting.

34. Where sites are designated at control tower the national team will ensure:
    a. a mobilisation letter is sent to the provider/site (cc regional team)
    b. all site data is entered onto Foundry
    c. Foundry admin users are setup
    d. point of care user accounts are setup
    e. IT admin user accounts are setup
    f. IT equipment is ordered and scheduled for installation
    g. national booking service (NBS) is setup, where required, including site and users
    h. the site is added to the fixed delivery schedule.

35. Site onboarding by the national team can take up to 10 working days from the point of designation, ie from control tower decision rather than site designation request. Onboarding timeframes take account of complexity of site set up, eg tech and data requirements and the volume of requests being processed at any given time.

36. While control tower will facilitate site stand up as quickly as possible, in some circumstances it may be necessary to put on hold a site designation until further information is provided by a region or provider (eg if any information is missing or incomplete). In this instance the national team will work with regional colleagues to resolve outstanding questions and the site will be taken through the next control tower meeting.

37. Once designated, all designated sites will be required to continue to meet the designation criteria/readiness checks as applicable for their delivery model for as long as they participate in the COVID-19 vaccination programme. Providers must inform the commissioner (NHS England) immediately if for any reason a designated site ceases to meet the criteria.

38. If a provider wishes to change designated site during phase 5, the new site will need to be assessed against access and value for money criteria before a change can be agreed. Regions should consider time left in the programme and avoid site moves close to the programme end date. This process should be managed through the existing change control process via regional commissioning (NHS England) teams (LVS and VC sites) and established change processes for HH/HH+ sites.

Stage 3: Final site readiness checks and go live

Actions required of regional teams

39. Once the national team has set the site up on Foundry and completed onboarding activity, prior to site go live, regional teams must ensure that a local system representative undertakes site readiness and final assurance checks for all newly designated sites.

40. It is left to the discretion of the NHS England regional team as to whether a virtual/in-person site visit or whether confirmation in writing from the site is required.

    - For CP-led sites, the superintendent pharmacist is legally responsible for putting into place processes at the site and so confirmation from them should suffice.

    - For VC led sites, the regional chief pharmacist is responsible for the assurance process and for confirming that readiness and assurance checklists have been completed satisfactorily. The regional VC lead must ensure that the documents are updated on Foundry prior to the site's go live date. The regional chief pharmacist is then required to submit confirmation of this assurance to the national VC team at england.vc.planassure@nhs.net to enable go live.

41. Where a site visit is required and undertaken the ICS representative should record 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 and share this with the appropriate regional lead.

42. For LVS sites regional leads must then ensure that site readiness checks are updated on Foundry.

Actions required of national team

43. Once readiness checks for LVS and VC sites are completed on Foundry by the regional team, the national team will switch the site status to ‘active’ and sites will then be able to go live and start vaccinating.

    - The national team will ensure that sites marked as ready by regional colleagues are switched as live within 48 hours Monday – Friday (depending on the time of completion).

44. The national team will complete these checks for HH+ sites and make the site live so they can begin placing orders for vaccine, and ultimately, vaccinating.

45. **It will not be possible for new sites to go live or order vaccine unless readiness checks are completed, confirmed to the national workstreams and Foundry status updated.**

Annex A: Timeline summary

Date	Action
30 June	General practice enhanced service specification and community pharmacy national enhanced service for phase 5 of the COVID-19 vaccination programme published
14 July (17.00	Deadline for all GP practices and existing pharmacy contractors to indicate their interest in participating in the phase 5 arrangements, with details of the nominated designated site
18 July (17.00) ***(Revised)***	Deadline for regions to confirm which sites currently commissioned/in contract (as either active or paused) will continue into phase 5 (Previously referred to as return for sites without material change)
18 July onwards	Regional teams to begin assuring new sites as required
20 July (17.00)	Community pharmacy contractor expression of interest (EOI) window for phase 5 closes
21 July onwards	Site designation, for onboarding new sites into the programme, begins. The national team will confirm with regional colleagues when site designation will close
25 July (17:00)	Those trusts wishing to offer vaccination to the wider public as a HH+ should indicate their intention to their system. VCs which will be commissioned for Phase 5 should be confirmed by systems.
28 July (12:00)	Draft Region assured System Capacity Plan returned to covid19.vaccdeploymentpmo@nhs.net
04 August (12:00)	Final Region assured System Capacity Plan returned to covid19.vaccdeploymentpmo@nhs.net
September TBC	Contracts commence. We will confirm the exact start date following JCVI guidance

Annex B: Assuring sites to participate in phase 5 of the COVID-19 vaccination programme

46. Sites are expected to operate within existing NHS estate where possible with costs covered by the commissioner (NHS England) via the ICS. The use of on-NHS premises may be approved in exceptional circumstances subject to meeting established programme principles around coverage, access, inequalities etc and undertaking a value for money (VFM) exercise approved by regional finance teams.

Assuring GP practices to participate in the enhanced service

47. GP practices wishing to participate in the phase 5 ES will need to collaborate with other GP practices as part of a PCN grouping in line with the requirements of the ES. There is an opportunity for practices to move or join PCN groupings to deliver COVID-19 vaccinations in this next phase, where this is appropriate and supported by the commissioner. Practices cannot be part of more than one PCN grouping.

48. A key requirement of the ES is that all GP practices have access to a designated site from which the majority of COVID-19 vaccinations must be administered and the designated site must meet the site designation criteria.

    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 (referred to as a 'Secondary Designated' site).

    This is subject to commissioner (NHS England) approval and vaccination supply, eg if the registered patient list size of the collaborating GP practices of the PCN grouping exceeds 100k or local geography and estates require it.

49. GP practices that wish to deliver the ES will need to be able to assure their local system (which will provide administrative support to the commissioner

[NHS England]) that they have the capacity to deliver the ES requirements alongside the requirements of their core general medical services (GMS)/personal medical services (PMS)/alternative provide medical services (APMS) contract and confirm that appropriate workforce resource will be in place from September 2022 to support delivery of both the ES alongside core contractual requirements.

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.

50. In assuring PCN groupings, systems will need to consider whether GP practices in the PCN grouping have the following:

- 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.
  - Systems 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.

- Thought through potential opportunities for efficiencies including considering co-administration with flu or other vaccinations. Systems may request details about planned flu/other vaccination clinics and whether the intention is to use the site for the administration of both flu and COVID-19 vaccination clinics

- The commissioner (NHS England) will also 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.

51. Systems will need to confirm in writing to the appropriate NHS England regional team the PCN groupings they recommend to the Commissioner (NHS England) for approval for delivery of the ES can sufficiently meet these requirements.

52. The commissioner (NHS England 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 have 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 and days 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 2023. The property arrangements are to be agreed with the commissioner (NHS England) in advance and must be terminable without financial penalty, with no more than a one-month notice period.

    g. A nominated site which requires modifications or improvements should be avoided. Any nominated designated sites which do require modifications or 11 improvements should be discussed with commissioner (NHS England 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.

53. The commissioner (NHS England) 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.

54. The commissioner (NHS England) shall have regard to the PCN grouping's preferences. The commissioner (NHS England) shall have the right to choose between multiple nominated designated sites put forward by a PCN grouping.

55. Where the commissioner (NHS England) 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.

56. The site designation criteria which apply to PCN led sites are as below:

#	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 personal protective equipment (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.

#	Criteria		Requirements
2	**Planning and co-ordination**	2.1	Ability to co-ordinate clinical capacity in line with JCVI cohort prioritisation and national/GP practice call/recall schedules and in alignment with national communications guidance, while 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, seven 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 (NHS England).
		2.3	Capacity and capability to collaborate with any national, regional and/or local ICS/sustainability and transformation partnership (STP) 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 (SOPs). This may include PCN groupings providing weekly updates on actual stock and 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, where required.
		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 systems 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, providing stewards if needed and ensuring there are adequate parking arrangements.
		3.2	Compliance with required assurance processes (including Care Quality Commission [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].

#	Criteria		Requirements
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 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**	8.1	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	**Administr-ation**	9.1	Ability to administer vaccines safely and effectively in accordance with established checklists, medicines regulations and clinical and infection prevention and control (IPC) guidance in all settings.
10	**Aftercare**	10.1	Ability to provide post-vaccination observation of 15 minutes (if required) and with access to necessary equipment and trained staff to provide immediate response to an adverse event.

#	Criteria		Requirements
11	**Data collection**	11.1	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**	12.1	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 (eg on workforce).

Assuring community pharmacies to participate in the national enhanced service

57. The Commissioner is responsible for undertaking assurance to confirm that Sites should be commissioned to provide COVID-19 vaccinations in phase 5. CP Site Selection criteria should be used to aid the assurance process.

58. Where the regional team is assured that the priority site would be appropriate to be commissioned and provide phase 5 COVID-19 vaccination, the commissioner will inform the pharmacy contractor and invite them to take readiness preparation steps working towards an agreed deadline for a site designation meeting.

59. Pharmacy contractors that are **currently designated** to provide COVID-19 vaccinations and who have indicated that they wish to continue will need to assure their local system that that appropriate resource will be in place from their commencement date to deliver the ES requirements alongside the requirements of their core community pharmacy contractual framework (CPCF) responsibilities.

60. Pharmacy contractors that are **not currently designated** to provide COVID-19 vaccinations will need to also assure regional teams that they have plans that will be satisfactorily implemented to meet the service requirements.

61. Pharmacy-led vaccination sites are registered pharmacies or associated premises to registered pharmacies. The pharmacy superintendent is responsible for putting into place a framework to ensure that the site both

meets General Pharmaceutical Council (GPhC) premises standards and has at any point in time that the site is operational, a Responsible Pharmacist at the registered pharmacy able to supervise and exercise professional judgement as to the safe and effective running of the vaccination site including as to workforce.

62. Assurance should be predicated on this legal and professional responsibility and seek not to duplicate GPhC responsibilities, but to ensure that the site would have in place processes to safely operate the enhanced service alongside usual activities.

Assuring vaccination centre sites for participation

63. All VC sites wishing to participate in phase 5 programme should be supported by and agreed with their regional (NHS England) commissioner. Each VC should comply with the NHS standard contract for vaccination centres. The readiness and assurance checklist criteria (including children's checklists) are available here.

64. The assurance process is led by regions with the regional VC lead and chief pharmacist responsible for completing readiness and assurance checklists.

65. The regional chief pharmacist is responsible for submitting confirmation that assurance has been completed satisfactorily and that the site is clinically safe to open to england.vc.planassure@nhs.net to enable go live.

66. The regional VC lead is responsible for uploading checklists and supporting documents onto Foundry before the national team activates the site allowing vaccine supply.

Assuring HH+ sites for participation

67. All trusts are expected to meet the minimum requirements outlined in the system letter either vaccinating HCWs and eligible patients directly or having designated alternatives.

68. All Trusts are invited to participate in phase 5 of the COVID-19 vaccination programme as a HH+, offering vaccination to the public, regardless of whether they have been a HH+ previously.

69. Trusts wishing to participate as a HH+ will follow the specification of the NHS standard contract and the established assurance process.

70. For each site approved for participation, where local systems have carried out assurance work on behalf of the commissioner (NHS England), they will need to record and submit information to the NHS England regional team via the appropriate static form which can be requested from c19vaccination.dephospital@nhs.net.

    - When considering criteria relating to accessibility and equality of access, the local system should take account of the needs of the local population including specific health inclusion groups.

    - Where the commissioner (NHS England) is assured that a trust has the capacity to deliver the specification alongside their existing core contractual requirements, the commissioner will approve sign up to participate.

Annex C: Temporary vaccination clinics (pop up/satellite sites)

71. In earlier phases of the programme, many providers have worked collaboratively in their local communities, with the agreement of the commissioner, to deliver temporary vaccination clinics to improve access, uptake and reduce health inequalities. Where this would be helpful in phase 5 of the programme, and would not impact on delivery of business as usual services, the national programme will continue to support local commissioners to take decisions on whether a temporary vaccination clinic could be commissioned.

72. It should be noted that LVS pop up sites are intended to be run on a temporary basis and will not be given access to the national booking service (NBS). Local booking services (LBS) should be used instead. If there is a requirement for sites to run regular clinics, then a site should follow the site designation and onboarding processes defined in section two of this document.

73. Temporary vaccination clinics could be run to deliver COVID-19 vaccinations or clinics where the seasonal influenza vaccine may be co-administered with the COVID-19 vaccine, in line with JCVI advice.

74. The COVID-19 ES Vaccination Collaboration Agreement must set out the arrangements for co-administration and all times be in line with the provisions set out in the Green Book. GP practices within the PCN grouping will be expected to receive, store, prepare and transport (where appropriate) vaccines following the relevant guidance issued by the Medicines and Healthcare products Regulatory Agency (MHRA) or the commissioner.

75. It should be noted that movement of vaccine, where allocated to the contracted provider under the ES or NES, is permissible to support temporary vaccination clinics with the agreement of the commissioner. However, these clinics must be run for a specific purpose and within the parameters set out below; and providers must ensure that they follow the advice set out in the NHS Specialist Pharmacy Services SOPs and the Mobile and Roving SOP, as well as any and all MHRA requirements at all times.

76. Providers should also ensure that they have an appropriate plan in place to reduce the risk of human errors in a temporary vaccination clinic. With the increased complexity of the programme in phase 5, providers will need to plan clinics carefully to make sure each patient cohort receives the right vaccine and the right dose at the right time.

Identifying potential venues

77. We would encourage systems to engage with their local faith, community and voluntary sector partners to identify the most appropriate community venues, particularly in areas with the greatest health inequalities.

78. Local systems are asked to help facilitate conversations between the venues and providers and to advise their NHS England regional team if a provider is able to hold a temporary vaccination clinic from these sites.

79. Any venues which are intended for use as temporary vaccination clinics will need to meet the essential safety criteria outlined below. Systems should ensure the venue meets minimum requirements in terms of access, security and infection control, site visits may be undertaken if required. A checklist is included below

Commissioning a temporary vaccination clinic

80. NHS England (as the commissioner) may commission, through its regional teams, a temporary vaccination clinic under the terms of the appropriate ES for PCN groupings or pharmacy contractors.

81. The commissioner must confirm in writing with the provider the arrangements, which should include:

    - a definition of the population who will be invited to take up vaccinations at the temporary vaccination clinic which must be restricted to currently eligible and authorised cohorts of patients
        - (For PCN grouping sites only: if this is likely to include eligible patients who are registered with another practice outside the PCN grouping that is being commissioned, the commissioner should try to inform the practices concerned that this additional choice is being made available to enhance uptake levels)

- confirmation of how patients will be invited to the clinic
- confirmation of any other providers who will be vaccinating at the venue and the agreed schedule they will work to
  - Where multiple providers propose to use the same venue, they must be able to clearly demonstrate which provider is responsible for which patients and which areas of the venue at all times. The capacity of individual venues and preferred local arrangements will guide whether multiple providers can use the space at the same time but this is unlikely to be advisable. Any requests for co-location will require a risk assessment to be undertaken, and need to be agreed with the national team before vaccinations begin.
- a definition of the timeframe for when the clinic will be set up, on which dates and times it will operate and the agreed stand down date
- assurance that suitable equipment will be provided locally
- assurance that an equalities assessment has been undertaken (eg taking into consideration access requirements, BSL and any other language requirements) and relevant information is available for patients at the site.

Information for providers commissioned to deliver a temporary vaccination clinic

82. If a provider is commissioned to deliver COVID-19 vaccinations from a temporary vaccination clinic:

- The provider would receive payment in accordance with the terms of the relevant GP or CP ES or NHS standard contract for hospital hub+ and vaccination centres.
- Where seasonal influenza vaccine is co-administered with COVID-19 at these temporary vaccination sites, providers will do so and receive payment in accordance with relevant service specifications.
- The provider is responsible for safely transporting the COVID-19 vaccine and associated consumables to the clinic from the designated parent or satellite site to the temporary vaccination clinic for the purpose of the vaccination of the patient.
- **Vaccine will continue to be delivered to the designated site and cannot be re-routed to a temporary vaccination clinic. Unless a**

pharmaceutical fridge has been provided by the venue, vaccine cool boxes should be used to store vaccine during the clinic. The temperature of vaccines must be monitored appropriately. Vaccine must not be stored in temporary vaccination clinics overnight. Further guidance on the movement of this vaccine can be found in the Mobile and Roving SOP.

- If the temporary vaccination clinic has been set up to deliver first doses as part of the evergreen offer, second dose clinics should also be scheduled at the same venue within the required time period (not applicable to booster doses).
- The guidance for these phase 5 payments will be published soon and will be available on this website. Providers are encouraged to use the Licence to Occupy template available on FutureNHS. Buildings insurance will be covered by landlords, contents insurance should be taken out by tenants together with public liability insurance cover. Local systems should confirm that the necessary insurance is in place prior to the commencement of the temporary vaccination clinic.
- Regular monitoring by the system and region of vaccine take up at the temporary site should be undertaken to ensure operating hours and resource utilisation is appropriate
- All Providers are encouraged to undertake a security risk assessment and liaise with local emergency services prior to and following site activation. A template is available on FutureNHS.

83. The standard operating model for this temporary vaccination clinic model will be included in the COVID-19 local vaccination services deployment in community settings SOP in due course, which will be found here.

84. For further information, please contact:

    - LVS sites (CP or PCN) – england.pccovidvaccine@nhs.net
    - VC sites – england.vc.planassure@nhs.net
    - HH/HH+ sites – c19vaccination.dephospital@nhs.net.

Venue checklist

85. Venues being used for temporary vaccination clinics are required to meet a set of minimum site standards to ensure that they are suitable for vaccine delivery.

86. As a minimum, the venues should be:

- accessible
- available for exclusive use on days agreed with the commissioner for the period they will be in use as a temporary vaccination clinic
- able to provide adequate space to meet clinical needs and ensure social distancing measures can be implemented, plus staff/public facilities (ideally, ground floor), with parking on site or close by
- able to provide separate entrance and exit points to assist with social distancing (where required) and support a natural flow of patients through the building to comply with social distancing guidance (where required)
- Wi-Fi enabled – the venue will need appropriate Wi-Fi connectivity depending on the use of the venue
- have appropriate access to a power supply, to enable use of IT equipment
- well-ventilated
- accessible via local transport or in the local community
- able to meet the minimum clinical safety and infection control standards
- all venues will be assessed on their ability to provide three key areas within their estate footprint arrival and check-in
- clinical assessment
- delivery of vaccination.

87. There are minimum space requirements for each area.

Annex D: Criteria for co-location of providers

88. The criteria for exceptional circumstances in which co-location of vaccination designated sites (eg where two 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
    - improve access for patients.

89. Where a request for co-location is made by a local system, the regional team must work with local colleagues to undertake a risk assessment and submit this to the national team via necsu.lvsfoundrydata@nhs.net, to provide assurance on the following criteria:

    - that premises will be regulated appropriately
    - if a CP-led site is involved, how requirements for the superintendent pharmacist and responsible pharmacists to be in control of the premises and processes including meeting GPhC standards will be managed
    - that indemnity arrangements are in place
    - that patients will be provided with clear information on which designated site they are due to attend for their vaccination and processes are in place to ensure that they are vaccinated at this designated site
    - patients have clarity as to who was responsible for their vaccination
    - measures are in place to ensure that vaccine is not received at the wrong entry point of the site
    - measures are in place to ensure that MHRA and HMR guidance on movement of vaccine between providers is followed
    - appropriate pharmacist 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.

Annex F: site designation webform

90. The site designation webform that new or closed LVS providers and VC sites should complete will require the following details:

- Declarations from the regional team that they are happy to assure the site for designation and onboarding.
- Rationale.
- Site type.
- Name of the site.
- Full site address (including postcode), region and ICS.
- Named lead contact (including preferred email address and mobile telephone number).
- Named clinical lead responsible for receiving the vaccine (CP and VC).
- [PCN only] Named senior responsible officer (SRO) responsible for receiving vaccine and their registration number for the appropriate professional body.
- CQC or GPhC registration number either for the site being used or for the premises whose license is being extended for use at an external site.
- The organisation data service (ODS) code of the provider who will receive payment and the lead provider ODS code if appropriate.
- Preferred point of care system, further details can be found here: https://digital.nhs.uk/coronavirus/vaccinations/training-and-onboarding/point-of-care
- Whether the site is based in NHS or non-NHS premises.
- Agreement of the number of vaccinations the site will deliver in a week.
- Equipment requirements – non-clinical ICT and connectivity.
- Age cohorts that will be vaccinated – over 18 years or over 16 years or over 12 years or over 5 years.
- Provision of an overseas vaccination record validation service.
- The names and email addresses of two users for the grouping for each of the below:
  - Foundry
  - Point of care system

  - NHSBSA's Manage Your Service (MYS) system (excluding pharmacy contractors who have an existing process for access)
  - NBS (if not provided for PCN-led sites an NBS account will not be set up).
- [PCN only] Names of the PCN(s) which have collaborating GP practices in the PCN grouping.
- [PCN only] ODS codes of practices in the PCN grouping.
- [PCN only] Whether the PCN would like to have a license to use the National Booking Service (NBS). This should only be requested where the site plans to use the service to book appointments, as there is a significant cost associated with giving a license.

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This publication can be made available in a number of alternative formats on request.