

Regional Clinical Advice Response Service 04/03/21

For any COVID-19 vaccination related queries or to escalate an incident please contact:
england.swcovid19-voc@nhs.net

Please note that going forward and in line with the RVOC and NVOC, RCARS will operate between the hours of 8am and 6pm over the weekend.

PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE VACCINATION PROGRAMME

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JCVI Interim Statement on Phase 2 of the COVID-19 Vaccination Programme

The Joint Committee on Vaccination and Immunisation (JCVI) is an independent expert advisory committee which advises the UK health departments on vaccination. Please read their interim statement on phase 2 of the vaccine rollout [here](#).

Improving Social Care Staff Vaccination Rates in Care Homes for Older People

The full document including appendices can be read [here](#)

2nd March 2021

Dear

NHS England and NHS Improvement

Colleagues,



Thank you for your continued dedication to delivering COVID-19 vaccinations to your staff and communities.

The visits that NHS teams undertook to all older adult care homes was a major milestone for the vaccination programme and a further demonstration of the extraordinary work that has been done by NHS and care home staff throughout the pandemic. We wrote to PCN-led Local Vaccination Services (LVS) on 27 January to thank sites for their work so far to vaccinate

residents and their staff.

Almost all older adult care homes received their first visit from a PCN-led roving vaccination team by 31 January. A very small number of first visits took place shortly thereafter due to COVID-19 preventing a visit in January.

To help complete this job, we need you and care providers to work with local partners to ensure social care staff vaccination rates increase further.

To support and enable vaccination, we are asking local systems to develop plans to increase social care staff uptake rates, and where a need to do so is identified, PCN-led roving vaccination teams may need to undertake second visits to older adult care homes to complete the first dose vaccination of staff. The need for a second visit will depend on individual care home circumstances and there should be a pragmatic approach to these decisions following

discussion between the care home manager and vaccination team. For example, where there are both residents and staff members who have yet to be vaccinated, then a second visit would be needed. However, if there are only one or two staff members remaining to vaccinate, then a second visit from the roving team may not be appropriate.

For these staff, access via their PCN or hospital hub should be encouraged, and eligible frontline care workers can also use the National Booking Service to book an appointment at a vaccination centre or community pharmacy. The most important principle is that there should be an open and collaborative channel of communication between individual care homes, local authorities and vaccination teams.

As roving vaccination teams will be starting to visit older adult care homes from March onwards in order to administer the second dose of the COVID-19 vaccine (77-84 days after the first dose), we recommend that PCN groupings concentrate on completing first dose administration in these settings up until and during the **week commencing 8 March**.

In support of this **we are asking all ICSs / STPs to complete [this online survey](#) by close of Friday 5 March** to improve understanding of why some social care staff have not come forward for vaccination.

The above survey includes questions on whether second visits to older adult care homes, to complete administration of the first dose, have already taken place or are planned to take place. **ICSs / STPs should complete this part of the survey on behalf of their PCN-led sites to the same deadline.** (The full survey questions are included as Appendix 1 below).

The £10 supplement in addition to the Item of Service fee for vaccinations administered to residents and/or staff in older adult care home settings has now been extended beyond the end of January. This means that any first doses administered in February onwards will also attract the

supplement, as will corresponding second doses. The supplement payment will be calculated automatically by the NHS BSA for any first doses administered in February onwards that have been recorded as taking place in a care home within the Outcomes for Health (Pinnacle) Point of Care system. Vaccination teams should continue to record the setting in which vaccinations take place for this purpose going forward. Further information can be found in our finance guidance on the [FutureNHS](#) workspace which will be updated to reflect this change in due course.

Finally, as you will be aware, residents in older adult care homes will soon be able to start [seeing family members](#) again. If social care staff vaccination rates can increase, this will give care home residents and their families even more confidence that life in care homes can resume a sense of normality as a result of the greatly diminished risk of COVID-19 infection and serious complications.

Many thanks

Dr Nikita Kanani
Sir David Pearson

Medical Director for Primary Care NHS England and NHS Improvement

Chair, Social Care Sector COVID-19 Support Task Force Department of Health and Social Care

Handling Multiple COVID-19 Vaccines

With increasing numbers of COVID-19 vaccines available, all with different handling and dosing requirements, sites need to plan to reduce the risk of errors.

Please use the below links (by clicking control and then then the link) to access a series of articles addressing safe practices for handling multiple Covid-19 vaccines, by David Erskine, Director, London Medicines Information Services, Specialist Pharmacy Service · Published 2 March 2021

1. [Safe practice for handling multiple COVID-19 Vaccines](#)
 1. [Good governance guidance when handling multiple COVID-19 vaccines](#)
 2. [Summary of the key differences between COVID-19 vaccines](#)
 3. [Nomenclature for COVID-19 Vaccines](#)
 4. [Minimising the risk of administration of the wrong COVID-19 vaccine](#)
 5. [Checklist for safety briefing when using multiple COVID-19 vaccines](#)
 6. [Checklist for pharmaceutical oversight when using multiple COVID-19 vaccines](#)
 7. [Checklists for setting-up and clearing down of COVID-19 vaccination stations](#)

Vaccinating People with Learning Disabilities

When vaccinating people with learning difficulties, reasonable adjustments must be considered to enable them to access the service in the best way possible.

Further information about supporting people with a learning disability and autistic people to get the COVID-19 vaccination can be found in this [information leaflet](#) which includes tips for Primary Care Teams.

The Learning Disability and Autism Programme of NHS England and NHS Improvement defines those with a learning disability as follows:

- Individuals with a learning disability (internationally referred to as individuals with an intellectual disability) are those who have:
- a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- a significantly reduced ability to cope independently (impaired adaptive and/or social functioning), and;
- which is apparent before adulthood is reached and has a lasting effect on development.

Learning disability is different from a specific learning difficulty (such as dyslexia), or autism or a mental health condition. Some people have all of these and also have a learning disability. (Courtesy of R Snow-Miller National Transformation Lead for LeDeR)

When delivering the COVID-19 vaccine, we must seek to make a judgement on each person rather than their specific diagnosis. Conditions which have a varying impact on learning disability, such as Autistic Spectrum disorders, require that a clinical judgement be made. The impact and particularly the need for support to cope independently, vary considerably from individual to individual. People with Asperger's Syndrome typically would not have a significantly reduced ability to cope independently so would not meet the definition above, whilst others with more severe autism would.

Further guidance on identifying people and codes in records that might indicate a learning difficulty can be found [here](#)¹.

1. NHS England & Improvement. Improving identification of people with a learning disability: guidance for general practice, <https://www.england.nhs.uk/wp-content/uploads/2019/10/improving-identification-of-people-with-a-learning-disability-guidance-for-general-practice.pdf> (2019, 2021).

Patients Without an NHS Number, Including Health Inclusion Groups, and Private Patients

All sites are reminded that any patient, including NHS staff, does not require a NHS number or GP registration to receive a vaccination and should never be denied one on this basis. A search for their NHS number, if they have previously been issued with one, can be performed using [this tool](#). Patients should also be encouraged to register with a GP if possible.

If GP registration is not possible, and no existing NHS number can be found, then providers should vaccinate now, record locally via a paper system and ensure that that the vaccination event is recorded on Pinnacle at later date. NHS England and NHS Improvement are working to agree a longer-term solution, but providers should not wait for this before vaccinating. Providers will be advised once a solution is in place so they can transfer the vaccination record on to Pinnacle and be paid for these vaccinations in the next payment period.

This is particularly important in the case of health inclusion population groups, such as Gypsy, Roma or Traveller communities, homeless people, vulnerable migrants such as refugees and asylum seekers, sex workers, who should be vaccinated if they fall within the current eligible JCVI cohorts.

Private patients within the eligible JCVI cohorts are also eligible for the Covid vaccination through NHS services. Where the National Booking Service is responsible for inviting an eligible cohort of patients, any private patient with an NHS number will be called for their

vaccination in that way. Private patients without an NHS number are of course welcome to register with an NHS GP if they choose, which would be another way in which they could access a Covid vaccination. However, as stated above, not having an NHS number and not being registered with an NHS GP should not be a barrier to vaccination, and sites will be able to claim payment for vaccinating unregistered patients, including private patients. As above, we will advise sites once a solution is in place.”

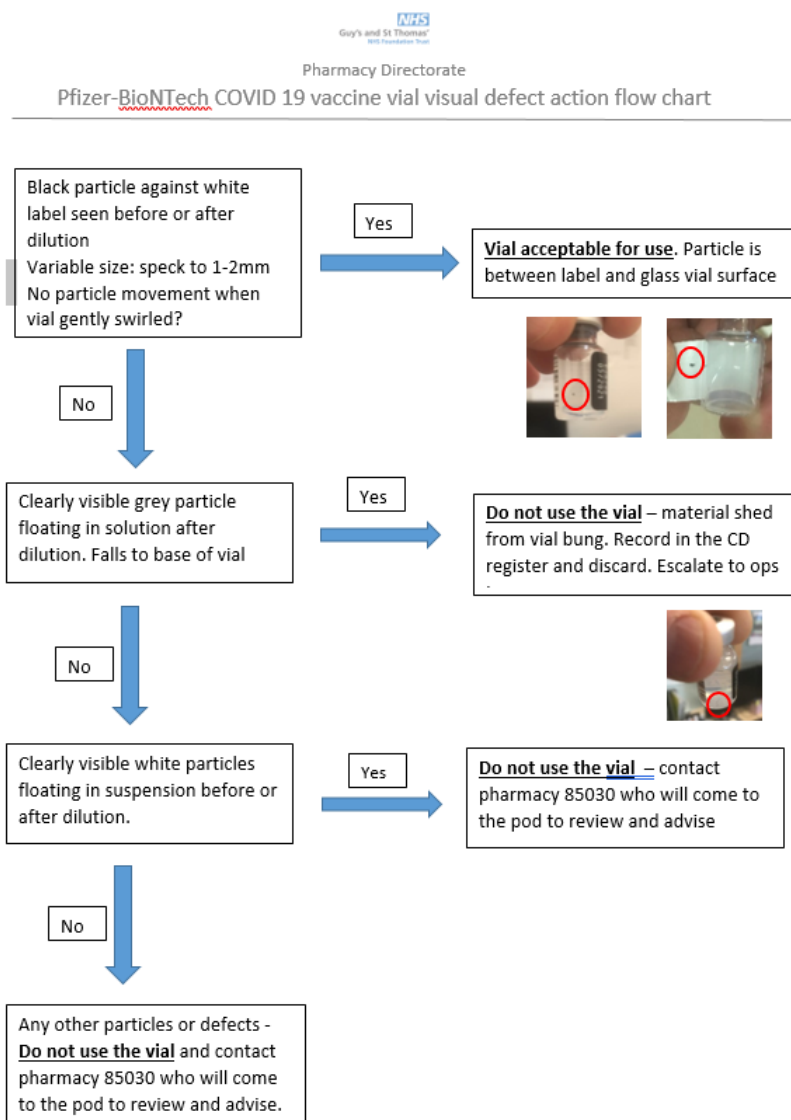
Find your NHS number

Use this service to Find your NHS number.

[Find your NHS number - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Pfizer Visual Defect Guidance

Regional Pharmaceutical Quality Assurance Officer NHS England (South West) has provided guidance and a visual defect action flow chart following reports of particles in the Pfizer vials even after very careful reconstitution



Z Track Injection Technique is Not Recommended in the COVID-19 Programme

The Z-track injection technique involves displacing the skin and subcutaneous layer in relation to the underlying muscle so that the needle track is sealed off when the needle is withdrawn, thus minimizing reflux. The national Immunisation team have now looked at all the evidence related to using the Z-track technique and conclude that:

- The Z-track technique is not referenced in WHO, CDC, Australian or Canadian guidance.
- CDC guidance does however state the following: *“For all intramuscular injections, the needle should be long enough to reach the muscle mass and prevent vaccine from seeping into subcutaneous tissue, but not so long as to involve underlying nerves, blood vessels, or bone”*
- The Marsden Manual states Z-tracking reduces the risk of medication leaking into subcutaneous tissues, decreases the risk of skin lesions, and may hurt less. However, it does not say Z-tracking is suitable for injection into the deltoid muscle. The deltoid muscle is a much smaller site than those for which the Marden Manual says Z-tracking is an appropriate technique.

Therefore, Z-tracking is not recommended for COVID-19 vaccinations into the deltoid muscle.

The advice remains to follow the Green Book which recommends stretching the skin.

Clinically Extremely Vulnerable Immunosuppressive Therapy

Following clinical guidance please be advised that people who are awaiting planned immunosuppressive therapy (chemotherapy or organ transplant) are treated as follows:

- Once on the Shielding Patient List (SPL) they will be called via PCN or they will receive a letter to book via the NBS for a Vaccination Centre
- Persons on the SPL list may have their first vaccination only in a VC and must refer back to their GP within 3-4 weeks for a clinical decision around timing of their second vaccination. This only applies if their GP or Specialist have identified them as needing to have their 2nd dose earlier than 12 weeks.

Please direct any queries regarding the above to england.vaccinecentresgroupsupport@nhs.net.

The Rules for Unpaid Carers

- Unpaid carers over 18 who receive carers allowance have a flag set in the NBS to allow them to go online and call the contact centre to make a booking (so the system will check that their NHS number has a carers flag set against it)
- Unpaid Carers who have snomed code as a carer in their GP record will be invited forward by local providers and cannot book through NBS and the contact centre
- Unpaid carers over 18 who get the carer component of universal credit will have flags set in the NBS from next week to allow them to go online and call the contact centre to make a booking (so the system will check that their NHS number has a carers flag set against it)

- Carers aged 16-18 have to be supported by GP as they need a Pfizer vaccination, and they will get letters advising them of that, they cannot book through NBS and the contact centre.

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