



# ICARS Newsletter

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Issue 73: 28th January 2022

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## Immunisation Clinical Advice Response Service

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### *About this bulletin:*

For any COVID-19 vaccination related queries or to escalate an incident please contact: [england.swicars@nhs.net](mailto:england.swicars@nhs.net)

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PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE  
VACCINATION PROGRAMME

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*Please note that ICARS operates from 9am - 5pm Monday to Friday.*

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## **1. NEW: Vaccine updates and new PGDs, National Protocols and Operational Guidance**

### **1a) UPDATE: Updated Spikevax PGD and National Protocol**

The Spikevax Patient Group Direction (PGD) and National Protocol have been revised and are available [here](#). They have been updated to incorporate a change in the [Summary of Product Characteristics](#), as detailed in the [Clinical Bulletin dated 30th December 2021](#). An amendment to terminology has made to move from 'a booster dose' to 'boosters'. Details have been added to the Cautions section in relation to Previous Immune Thrombocytopenia, including guidance about platelet monitoring. Additional amendments regarding pregnancy as well as allergy have been made. Details of the amendments are summarised in the Change History sections of the documents. Vaccinating teams must familiarise themselves with all the revisions throughout the documents and ensure that they are authorised and working to the most up to date and current version of these legal documents.

### **1b) NEW: Use of PGD and National Protocol for extended expiry Comirnaty® 30microgram/dose COVID-19 mRNA vaccine**

Please be aware that the PGD and National Protocol for Comirnaty® 30 microgram/dose COVID-19 mRNA vaccine can be used for administration of vaccine that has had the post-thaw expiry extended in line with the system letter of 17th January 2022

[Please see full information in this week's Clinical update at this link when published](#)

### **1c) NEW: Operational Guidance: Assurance process for the use of Comirnaty® 10 microgram/dose COVID-19 mRNA vaccine**

On 20th January, we wrote to vaccination sites who will offer the primary vaccination course to children aged 5 to 11 years old who are in a risk group or household contact of someone who is immunosuppressed and to inform about

the assurance process for the use of Comirnaty® 10 microgram/dose COVID-19 mRNA vaccine. [Please see our operational guidance including Annex A which provides a checklist for sites and regional teams on the preparations required for the use of the new vaccine.](#) This guidance provides further information on the ordering and delivery process of this new vaccine, and actions required from vaccination site leads to be assured and ready to administer Comirnaty® 10 microgram/dose COVID-19 mRNA vaccine safely and effectively.

#### **1d) NEW: Extending the post-thaw expiry of specified batches Comirnaty 30 microgram/dose COVID-19 mRNA vaccine for adults and adolescents**

On Monday 17th January, [this system letter](#) advised vaccination sites that for specific batches of **unpunctured and undamaged** Comirnaty 30 microgram/dose COVID-19 mRNA vaccine, the post-thaw expiry date can be extended by 14 days (from 31 days to 45 days) from the date of removal from ultra-low temperature (ULT) storage. The expiry for this stock has been **extended** in line with national guidance based on information from the manufacturer and MHRA.

Updated PGD and National Protocol are not required and will not be provided. As detailed in the [Operational Note](#) from Wednesday 19th January, UKHSA and DHSC have reviewed the existing PGD and National Protocol for Comirnaty 30 microgram/dose COVID-19 mRNA vaccine and have confirmed that these support off-label use of the identified batches of vaccine.

As detailed in the PGD and National protocol “Where a vaccine is recommended off-label consider, as part of the consent process, informing the individual/parent/carer that the vaccine is being offered in accordance with national guidance but that this is outside the product licence”. **Staff should consider this when assessing and consenting patients. This does not necessarily mean explaining it to every patient but being able to answer questions about the vaccine being used if raised, or if such detail is relevant to the conversation.**

For these discussions please note that this is extended **not** out-of-date stock.

NHS Specialist Pharmacy Service (SPS) has developed a template Standard Operating Procedure (SOP) to support clinical colleagues who will be responsible for oversight of the process for amending the post-thaw expiry dates accordingly. The SPS SOP for Trusts is [here](#) and for PCN designated sites is [here](#).

Please note this post-thaw expiry extension only applies to the **specific batches** listed in the system letter and the SOPs, and only if they have been stored in accordance with the [Summary of Product Characteristics](#). The responsible clinician must be assured that the vaccine concerned has **not been subject to a temperature excursion previously**.

**Only** those vials contained within either (a) the manufacturers' original packaging or (b) the specifically designed packaging provided by NHS Specialist Logistics Companies (colloquially known as "baby packs") may be extended.

This stock, providing it has been stored appropriately and extended in line with SOPs, is suitable to be used within the NHS vaccination programme and should not be considered "out of date". This expiry extension is temporary and applies to specific batches only.

To maximise the chance that relabelled vaccine will be used before the new expiry date, it is essential that sites continue to do everything possible to ensure that vials are removed from the fridge for **use strictly in order of expiry**.

### **1e) UPDATE: Cohort eligibility and operational status**

[This resource](#) has been updated, summarising which cohorts are eligible for vaccination, under what parameters, and how they can access the offer. This week's version incorporates the online changes that have been made to support boosters for younger people. We recommend that teams avoid printing the document as it will rapidly become out of date. You are advised to save the [hyperlink](#) where the revised version will be uploaded weekly.

We have also updated our poster showing main information about who is eligible, which is saved on the workspace [here](#). This will be updated regularly in the folder for public-facing [Communications Resources](#).

## **2. NEW: Guidance on Surgery and COVID vaccines**

We were asked to advise about the preferred gap between a covid vaccine and planned surgery. The advice from UKSHA national immunisation team through the green book advises:

*"The Green Book does not provide specific advice with regard to timing of vaccination and surgery. However, it does outline precautions:*

*Minor illnesses without fever or systemic upset are not valid reasons to postpone immunisation. If an individual is acutely unwell, immunisation may be postponed until they have fully recovered. This is to avoid confusing the differential diagnosis of any acute illness (including COVID-19) by wrongly attributing any signs or symptoms to the adverse effects of the vaccine"*

[COVID-19 Greenbook chapter 14a \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/84242/green-book-chapter-14a.pdf)

However, UKSHA support the Royal college of surgeons advice saying:

*"The RCS(England) advice is pragmatic and mutually compatible with the Green Book section above.*

When organising surgery for patients:

- *Essential urgent surgery should take place, irrespective of vaccination status.*
- *Non-urgent elective surgery can also take place soon after vaccination. **There is some rationale for separating the date of surgery from vaccination by a few days (at most 1 week)** so that any symptoms such as fever might be correctly attributed to the consequences of either vaccination or the operation itself.”*

<https://www.rcseng.ac.uk/coronavirus/vaccinated-patients-guidance/>

We were also asked about the Royal college of anaesthetists advice which is as follows:

*“The Royal College of Anaesthetists (RCoA) have sign posted to guidance from Centre for Perioperative Care (CPOC):*

<https://rcoa.ac.uk/patient-information/about-anaesthesia-perioperative-care/information-about-covid-19-patients>

[https://cpoc.org.uk/sites/cpoc/files/documents/2021-03/patient%20info%20for%20Timing%20of%20surgery%20after%20Covid\\_FI\\_NAL.pdf](https://cpoc.org.uk/sites/cpoc/files/documents/2021-03/patient%20info%20for%20Timing%20of%20surgery%20after%20Covid_FI_NAL.pdf)

*5. Patients awaiting surgery who are offered a vaccine are recommended to accept this. Where possible the vaccine should be given several weeks before surgery, so it can take effect.”*

UKSHA further advise:

*“The risks and benefits of optimal timing of vaccination in surgical patients should be discussed with their responsible clinician. Patients that are undergoing surgery would be encouraged to have their COVID vaccine to reduce their risk of COVID if they are going to be in hospital and unwell.”*

We have not been made aware of any reports of the vaccine interfering with anaesthetics and neither has this been flagged as an issue through the MHRA reporting scheme. We encourage anaesthetists who have a suspected adverse reaction in their patients to report it through the usual route: <https://coronavirus-yellowcard.mhra.gov.uk/>

Please send any further questions to ICARs using this email [england.swicars@nhs.net](mailto:england.swicars@nhs.net)

### 3. NEW: Maximising access to COVID-19 vaccination in pregnancy

We want to thank you for your work encouraging women to take up the offer of vaccination against COVID-19 in pregnancy following [our letter](#) last month. There is still more to do to make sure every woman has access to vaccination both before and during pregnancy. Specifically, we ask for continued collaboration and leadership between maternity and vaccine leads to routinely hold vaccine confidence conversations and inform pregnant women where they can go, co-locating walk-in vaccination and maternity services wherever possible, so that it is as easy as possible to get vaccinated at any point in the maternity pathway.

Our letter [in December 2021](#) outlined the importance of access to flu and COVID-19 vaccination in pregnancy, following UKHSA data on the safety profile of their use in pregnancy, and data on the rate of hospitalised pregnant women who were unvaccinated. The Joint Committee on Vaccination and Immunisation (JCVI) has agreed that [pregnant women are at higher risk of severe COVID-19 disease](#).

Progress is being made each month, with the rates of women who have received at least two doses of vaccine before giving birth continuing to increase. Since December, all maternity services have had processes in place to Make Every Contact Count (MECC) in advising pregnant women about COVID-19 vaccination, as requested in our letter. In a small number of systems, pregnant women reaching term had the same or even higher rates of vaccination than for all women of childbearing age, across both first and second doses.

There is much here to celebrate, but our estimates continue to suggest significant variation in uptake between regions and systems, and in every system, between women of different ethnicities, decile of deprivation in their local area, and age groups.

We shared with system Vaccine Programme leads a list of key actions that are necessary, following national assurance of activity to support vaccination in pregnancy, and these are summarised in Appendix A.

In line with these key actions, we ask that maternity service leads co-ordinate with Vaccination Programme leads so that every woman attending a maternity service has easy, timely access to vaccine confidence conversations and co-located vaccination offers:

- Maternity Services are asked to ensure that all unvaccinated or partially vaccinated women are offered vaccine confidence conversations and advised antenatally on the nearest available walk-in vaccinations, as part of Making Every Contact Count for COVID-19 vaccination in pregnancy.
- In line with our [letter of 1 December](#), all healthcare workers including midwives are encouraged to continue to build vaccine confidence for all vaccines (COVID, flu and pertussis) offered to pregnant women at this time and to make every contact count to initiate a vaccine confidence discussion and support timely access. Maternity providers offering pregnant women flu vaccination this season are encouraged to continue to

vaccinate in the coming weeks. It is not too late for pregnant women to benefit from having a flu vaccine.

- To maximise uptake, vaccines should be available within antenatal clinics. Resource and funding is available to drive uptake among all at-risk groups (and specifically JCVI Cohort 6). Vaccination and maternity leads should discuss how this resource could be used to provide in-reach clinics within every maternity service, without creating additional burden on midwifery staff.
- Where it is not possible to provide vaccination co-located within maternity services, walk-in vaccinations should be available elsewhere on the same site. *In some cases – such as smaller Freestanding Midwifery Units or community hubs – it may not be feasible to provide vaccination on-site. In such cases the nearest available walk-in vaccination sites should be identified and signposted to pregnant women.*
- For the latest bite-sized advice on COVID-19 vaccination in pregnancy, please see [the UKHSA leaflet for all women of childbearing age, pregnant or breastfeeding](#) and the [RCOG/RCM information leaflet and decision aid](#). Pregnant women can receive their first two doses 8 weeks apart. All pregnant women are eligible for a booster dose, 12 weeks after their second dose.

Services should consider including this information in printed materials provided as early as possible in the pathway. In the coming weeks, we will assess progress against these asks and the key actions set out in Appendix A through the vaccination programme assurance, and through the fortnightly maternity services COVID-19 SITREP.

Thank you for your continued efforts. We are grateful for everything you are doing to make it as easy as possible for women to protect themselves and their babies.

#### **4. NEW: Booster vaccines for young people aged 16-17 and 12-15 in a clinical risk group, SMI or household contact**

Following updated [JCVI Guidance](#), the NHS is now offering boosters to all 16 and 17 year olds, and 12 to 15 year olds who are in a clinical risk group, or who are a household contact of someone who is immunosuppressed. It's vital these groups receive a booster vaccination to protect themselves and those around them from COVID-19, especially with the Omicron variant in circulation.

Most 16 to 17-year olds can now book their booster vaccine using the National Booking Service or attend a walk-in site. For severely immunosuppressed individuals aged 16 years old and over we expect the NBS booking route for their boosters (fourth dose) to be available shortly.

12 to 15-year olds in a clinical risk group, who are severely immunosuppressed, or are a household contact of someone who is severely immunosuppressed, will be contacted by local vaccination services. Identified severely immunosuppressed people or their household contacts who cannot be vaccinated by their GP or hospital specialist should be given a referral letter from their GP or hospital consultant confirming their eligibility. For immunosuppressed people the referral letter requires information on the appropriate timing for the booster so they can visit a walk-in site. Those who live with someone who is immunosuppressed can be vaccinated at a walk-in site if they take a letter from the GP or hospital specialist of the person, they live with which states that their household members should receive a booster dose.

All groups should visit the [NHS vaccine walk-in site website](#) before attending their local walk in site in person to ensure they attend a site which can vaccinate them. Walk-in services for eligible 12 to 15 year olds and 16 to 17 year olds are now being advertised on the [NHS walk-in sites](#) website.

Please see [tips for increasing local demand](#) and maximise the deployment of vaccination supply close to its expiry date. Please ensure that stock usage is prioritised in line with expiry date, site size and throughput highlighting risks of excess through your usual system and regional routes.

National call/recall letters for booster doses for 16- and 17-year olds were sent out on Monday 17 January. National call/recall efforts to supplement local call/recall arrangements for booster doses for **eligible** 12-15-year olds who are in a clinical risk group are also being **sent** out.

For more information, please see updated operational guidance on [16 to 17 year olds](#) and eligible [12 to 15 year olds and household contacts of immunosuppressed](#) and [Resources for immunosuppressed people - COVID-19 Vaccination Programme](#) or contact [england.pccovidvaccine@nhs.net](mailto:england.pccovidvaccine@nhs.net)

## **5. NEW: Severely Immunosuppressed Patients Update**

### **5a) Updated NBS booster (fourth dose) booking pathway expected by end of January**

By the end of January, the National Booking System will enable the booking of boosters (4th doses) for severely immunosuppressed people aged 16 or over. The NBS website/119 scripts will be updated to signpost to this offer and inform patients about the evidence requirements to bring to their appointment. We will confirm the date in due course.

Severely immunosuppressed individuals will be required to provide, at their appointment, a referral letter from their GP or specialist confirming their eligibility and the optimal timing of their booster as per [JCVI advice](#). Those aged 16 and 17 years old will be directed by the NBS to sites that have been approved and assured to vaccinate this cohort as outlined in [checklist A](#).



Until the booster booking pathway on the NBS is live, we ask PCNs on the NBS to continue using Local Booking Systems to invite severely immunosuppressed patients aged 12 and over, or to enable opportunistic vaccinations and ad-hoc local walk-ins for their severely immunosuppressed patients.

### **5b) Third primary course dose – booking pathway for severely immunosuppressed people aged 16 and 17 years old**

Severely immunosuppressed people aged 16 and 17 years old can now book their third primary course dose appointment on the National Booking System. They can book their third primary dose from 55 days following completion of their second primary course dose for appointments 56 days and more following their second dose. Those aged 16 and 17 years old will be directed to sites that have been approved and assured for this cohort as per the requirements outlined in [checklist A](#). On arrival, they should be prompted to provide relevant evidence as outlined on [the NBS website](#).

For further information on the appropriate evidence required please see the clinical assessment framework available here: [Resources for immunosuppressed people - COVID-19 Vaccination Programme - FutureNHS Collaboration Platform](#)

### **5c) Recording of third doses and booster for severely immunosuppressed people in the Point of Care System**

For immunosuppressed people, their third primary vaccine course and booster (their fourth dose) should both be recorded as booster doses in Point of Care systems.

Point of Care systems only display data extracted from the National Immunisation Management Service (NIMS):

- an individual's last dose that was recorded as a first dose,
- their last dose recorded as a second dose,
- and their last dose recorded as a booster dose.

Where an individual has been given a booster dose following a third primary vaccine course dose, this should now correctly show as their latest booster in an individual's vaccine history. This has NOT overwritten the first booster recording (of their third primary vaccine course dose). PoC systems only present the last booster dose in an individual's vaccine history as provided by NIMS. The Point of Care systems still holds all information relating to all vaccinations, including where a booster dose is recorded as the 'second booster'. All booster vaccination records are stored in the central systems and forwarded to GP systems.

## **6. NEW: Children 5-11 years programme**

### **6a) NEW: E-learning module for Comirnaty® (10micrograms/dose) concentrate for Children 5-11 years**

On 22nd December 2021, the [Joint Committee for Vaccination and Immunisation \(JCVI\) recommended](#) the vaccination of children aged 5-11 who are in a clinical risk group or who are a household contact of someone who is immunosuppressed. The [Medicines and Healthcare products Regulatory Agency \(MHRA\)](#) has approved a new 10mg/dose paediatric formulation of the Pfizer-BioNTech vaccine for children aged 5-11.

Due to the 10mg/dose vaccine having some different characteristics and storage requirements from the 30mg/dose vaccine (used for adults and children aged 12-17), a new e-learning module and assessment have been developed and are [now live on e-Learning for Healthcare](#). The training will support staff in understanding key information, including how the vaccine works, which children are eligible, contraindications and precautions, how the vaccine should be stored, prepared and administered and potential adverse reactions. Please note, there are key differences in the storage and handling of this new vaccine, including dilution volumes, volume to be administered, number of doses in the vial and room temperature storage requirements.

Clinical staff (RHCPs, vaccinators and clinical supervisors) who will be supporting vaccinations of 5-11 year olds should complete the new module and assessment for the paediatric formulation vaccine. Please see [the training requirements for 5-11s vaccinations](#) for information on what other training also needs to be completed.

### **6b) NEW: SJA vaccination of children**

From 24th January 2022 the national St John Ambulance (SJA) contract will enable the SJA vaccination volunteers to vaccinate children >5 years of age once the volunteers have completed the required training and have been signed off and competent through the lead employer. Details of the training requirements for SJA can be found in the following [document](#)

Further work is required to enable the SJA volunteers to support in schools through school aged immunisation service providers, and this should be possible by 31st January 2022 and will communicate the requirements in the W&T bulletin next week.

SJA workforce is available through your [lead employer](#)

### **6c) NEW: NHSE Safeguarding team video: Rights of the child – Gillick competence**

For vaccinations of children, RHCPs undertaking clinical assessment must have an understanding of child capacity and consent, in particular using the Gillick principle (see the training guidance [here](#)). To support this, the national NHS England Safeguarding team have developed a short (3 min) video discussing children's rights and Gillick competency in the context of vaccinations. The video is available on [e-Learning for Healthcare](#).

## **7. NEW: Overseas Vaccine Record Validation for Healthcare Workers in Trusts**

The below communications outline the options for increasing the capacity for validating the vaccination records of eligible healthcare staff who have one or more doses of a COVID-19 vaccine overseas.

Please note that validating staff vaccine records from overseas is not required as evidence for the new legislation on vaccines as a condition of deployment (VCOD). The full details of the requirements for VCOD can be found [here](#).

Whilst it is not a requirement of VCOD for staff to have their records validated, it remains desirable to do so for vaccination records to be accurate.

Regional Leads are advised to work with Integrated Care Systems and NHS Healthcare Providers to establish the appropriate local operational service model for healthcare workers.

### ***What is the Overseas Vaccine Record Validation Service?***

The Overseas Vaccine Record Validation Service is an administrative service offered to the public at designated Vaccination Centres (VCs) or Hospital Hub+s (HH+) in England. The service is not offered in all vaccination centres or HH+s or in standard Hospital Hubs (HH).

The service validates vaccination records from overseas (i.e. outside of England), presented by individuals eligible to use the service. Individuals access available appointment slots specifically for this service via the [National Booking Service](#) (NBS).

The validation process includes, but is not exclusive to, checking an individual's identity and their vaccination records against evidence defined by the Department of Health and Social Care (DHSC) and UK Health Security Agency (UKHSA). If the evidence is valid, the process results in Patient Identifiable Data (PID) being recorded in line with UK data protection legislation and NHS information governance protocols and policies. The validated information is then used to create a synthetic patient record of vaccination which enables the continued delivery of clinical care, for example administration of a second, third or booster dose.

The synthetic record may also support the information requirements for a COVID Pass, though this is not within the scope of this service.

### ***Healthcare worker eligibility criteria to have overseas records validated and recorded on an individual's healthcare records***

The process and governance are the same for the public as for healthcare workers and should be clearly communicated to staff prior to booking an appointment. The eligibility criteria to have overseas vaccine records validated has been set by the DHSC as listed below.

Individuals to:

- have received one of the currently recognised Medicines and Healthcare Products Regulatory Agency (MHRA) approved vaccine types for use in England: AstraZeneca (**Vaxzevria**) / Pfizer/BioNTech (**Comirnaty**) / Johnson & Johnson (**Janssen**) / or Moderna (**Spikevax**);
- be aged 16 or over;
- be registered with a GP in England. Staff can [register with a GP](#) if they do not have one;
- be able to attend the face-to-face appointment with photographic ID (Passport or UK Driving Licence) and evidence of their vaccination record.

Healthcare workers who have received a COVID vaccine overseas which is not approved for use in England by MHRA should be reminded of the eligibility criteria and, if assessed as clinically appropriate using national [guidelines](#), should be directed to a vaccination site.

### ***Local service model options***

To inform regional decision making two service options for increasing capacity are available:

**Option 1.** Signposting eligible health and social care staff to established Overseas Vaccine Record Validation Service sites (how to book a face-to-face appointment: Tell the NHS about coronavirus (COVID-19) vaccinations you've had abroad - NHS ([www.nhs.uk](http://www.nhs.uk)) by:

1. increasing the operational capacity of the existing validation service to meet the additional demand created by the eligible healthcare worker cohort; and
2. establishing dedicated clinics using local booking systems for healthcare workers. **Option 2.** Establishing a hub and spoke model from an existing VC or HH+. The hub and spoke approach enables a Trust to offer the validation service at its own site to its own eligible staff or open the service up to other Trusts or health and social care staff by adopting the same administrative validation, data recording and information governance process as the named 'parent' VC or HH+ overseas service site. Eligible staff should access the service through internal Trust processes. NBS calendars would not be required. This option requires the Trust to take responsibility for the day-to-day management of the service and provision

of administrators to carry out the service, with the accountability resting with the Trust's Human Resource Director or designated Senior Responsible Officer with appropriate medical support. Operational onboarding and quality control of the service will be overseen by the parent VC or HH+ Site Manager. Activity reporting and service provision would be monitored by the Regional VC Lead. Guidance on the service specification, eligibility criteria, site set up, process and training of Trust staff will be provided by the parent VC or HH+ Site Manager. The attached document outlines the spoke model, and the onboarding and self-service processes. Supporting information can be found in the Overseas Vaccine Record Validation Service Standard Operating Procedure available on FuturesNHS [here](#). It is recommended that Option 2 be established as an **interim** service only for those NHS Trusts with large numbers of staff who have been vaccinated overseas. In March 2022 a review will be undertaken by the national Overseas Vaccine Record Validation team, involving NHS Providers, Regional Leads and Site Managers to assess what the overseas vaccine record validation service model for health and social care workers needs to be in the future. **Immediate actions for regions**

1. Share this communication with systems, NHS trusts, and those VCs and HH+ currently offering the overseas validation service
2. Agree with each Trust how, where and when eligible healthcare staff could access a service to have their overseas vaccine records validated.
3. If using the hub and spoke model:
  - a. For each Trust identify the parent VCs and/or HH+ site and engage the Site Manager
  - b. Agree a service implementation and go-live plan with the VC/HH+ Site Manager and Trust HR Director/SRO, using the process attached.
  - c. Confirm via email to [c19vaccination.dephospital@nhs.net](mailto:c19vaccination.dephospital@nhs.net) and [england.overseas@nhs.net](mailto:england.overseas@nhs.net) which trusts are planning to offer the service, their Parent Site Name and ODS Code, and the go-live service date.

### **Key actions for trusts if deploying the self-service model (Option 2)**

Trusts should:

1. Notify the regional lead of the name and contact details of the Trust Director/SRO who will be accountable of the service at the trust
2. Provide the parent Site Manager details of the administrators who will run the service, so that training and access to a secure site overseas inbox can be actioned

3. Ensure all administrators have nhs.net accounts to enable use of the secure inbox
4. Identify the staff eligible to attend an overseas vaccination validation service
5. Provide regular activity updates to the regional VC lead

As this hub and spoke model is regionally led there are no actions required of the national Hospital Hub and Overseas Vaccine Record Validation Teams. However, if you do have queries in relation to this cascade please email both [c19vaccination.dephospital@nhs.net](mailto:c19vaccination.dephospital@nhs.net) and [england.overseas@nhs.net](mailto:england.overseas@nhs.net).

The decision and sign-off to enable a trust to establish a hub and spoke model for the overseas vaccine record validation service will be the responsibility of the named NHSE Regional VC Lead.

The Regional VC Lead must ensure that a clear and robust audit trail of the evidence and decision to open a site is retained in the region. Information should be easily accessible and completed for any future regional and trust assurance activities.

To enable the Regional VC Lead to be assured the trust is ready to go-live the trust should have a named HR Director/Senior Responsible Officer who will be responsible for internal processes and procedures. Day-to-day management of the service and activity reporting will be the responsibility of the Trust SRO.

The SRO and Regional VC Lead should establish a governance structure in agreement with the VC or HH+ Parent Site that enables robust management and monitoring of service delivery. Where Trust issues arise around implementation and delivery, the relevant Parent Site Manager should be alerted and asked to lend support.

To inform a sustainable delivery model, Regions should monitor the implementation of the service and track the numbers of eligible and non-eligible health care workers who attended an overseas vaccine record validation service appointment.

## **8. NEW: Vaccination as a Condition of Deployment and in Care Homes for Residents and Staff Resources**

### **8a) NEW: Vaccination of Care Home Residents and Staff**

Following the recent establishment of the COVID-19 Booster Taskforce for Adult Social Care there is, understandably, the need to ensure that booster vaccine rates amongst those working in adult social care and receiving care reach the same level of uptake as for those that have received two doses of a COVID-19 vaccine. Therefore, it is critical to ensure that every opportunity is taken to offer

the booster vaccine to care home staff. We have previously issued Operational Guidance [here](#) setting out the requirement for repeat visits to care homes to continue to offer the evergreen and booster dose to care home residents and staff.

Regions and systems must ensure that repeat visits continue to be made to all older and non-older adult care homes to increase vaccine uptake in residents and staff. We have established a weekly care home assurance return and would appreciate regional oversight to ensure that all care homes have a future visit date. This also includes those short-term / respite care homes where staff should be offered the COVID-19 booster vaccine.

### **8b) NEW: Vaccination as a Condition of Deployment: additional resources now available**

[Phase two guidance and resources](#) were published on 14 January to help organisations who provide CQC regulated NHS services meet their regulatory requirements.

We continue to work closely with NHS HR senior leaders, including HR directors and chief people officers to provide ongoing support, including a series of Teams Talks webinars which will run every Thursday from 3pm-4pm until 3 February.

Further resources have also been added to the [VCOD workspace on the FutureNHS web platform](#). This was set up to house all relevant policy information, guidance and support and includes links to other resources, including communications materials to support vaccine confidence. The resources include:

- a VCOD webinar schedule
- compassionate conversations materials
- email banners If you have an nhs.net or nhs.uk email you can self-register to join. For people with other healthcare sector emails, you can request to join the platform and the Futures support team will approve.

There are also a series of drop-in sessions running every Friday from 11am-12pm until 4 February for senior HR leaders who have questions on the guidance and FAQs. Invites for both sessions have been issued, but if you're an HRD or chief people officer and haven't received them, please email the team: [england.vcodguidance@nhs.net](mailto:england.vcodguidance@nhs.net)

## **9. NEW: Security Information Notice - Potentially fraudulent activity**

We have received anecdotal reports of patients attending vaccination sites on multiple occasions and frequently enough to arouse suspicion.

There is evidence to suggest that individuals are charging £300 – 400 to attend a centre pretending to be someone else and receive the vaccination on their behalf, enabling the other person's records to be updated to show they have been vaccinated.

If these reports are correct, there is a potential risk to an individual's safety and safeguarding, as well as to the vaccination programme.

We would ask all vaccination sites to alert staff to this and ask that they report any suspicious activity through the SBAR channels so that we can review the evidence and consider action as needed.

We are not asking sites to check Identity Documents at this stage.

## **10.UPDATE: Clinical Safety Checklist**

The [safety checklist](#) has been updated to reflect recent changes to the vaccine programme – extension of the booster programme to people aged 16+ years and for those aged 12+ years in certain risk groups. The checklist now includes branded names for the Comirnaty® (Pfizer BioNTech) and Spikevax® (Moderna) vaccines, to reflect available supplies. The checklist is designed to be used at all sites at the start of each vaccine session. We will continue to keep it updated so please continue to send us your comments or suggestions for improvement.

## **11.NEW / UPDATES: Workforce Support and Resources**

### **11a) REMINDER: Accessible materials about COVID-19 vaccinations**

It's important that everyone who is eligible for COVID-19 vaccination feels welcomed and can access COVID-19 vaccination that meets the [Accessible Information Standard here](#). If you are looking for resources, here are some to note:

- British Sign Language support for people with hearing impairments is available at appointments via either an onsite BSL interpreter or using the [SignVideo](#) app [here](#) by selecting the NHS 119 button in the app's SignDirectory. Vaccination information is also available in [accessible formats on GOV.uk here](#).
- Information for visually impaired people is [available to order](#) in a range of accessible formats
- A [social media graphic](#) and [letter](#) are available in different languages, to reassure people who may not be registered with a GP or have leave to remain in the UK, about their right to free COVID-19 vaccinations, treatment and testing



- The [toolkit here](#) to help community pharmacies make winter vaccines accessible to everyone, including carers, those without an NHS number, refugees, asylum seekers and people experiencing homelessness

Also for teams to note, the updated [Severe Mental Illness, Learning Disability and Autism: Operational support pack phase 3](#) is now available [here](#).

### **11b) NEW: Autumn and Winter Financial and Payments Guidance for the COVID-19 Vaccination Programme and the Adult and At-Risk Seasonal Influenza Vaccination Programme**

The 2021-22 Autumn and Winter **PCN** Finance and Payments Guidance for COVID-19 and 'Flu has been update and is available [here](#) on Futures.

The 2021-22 Autumn and Winter **Community Pharmacy** Finance and Payments Guidance for COVID-19 and 'Flu has been updated and is available [here](#) on Futures.

### **11c) NEW: Funding to maintain access through CP-led walk-in clinics in January 2022**

To maintain capacity and access through the remainder of January 2022 for booster, first and second doses for all those eligible we are now asking Community Pharmacy-led LVS sites to ensure capacity is available as walk-in and is advertised on the Grab a Job website (also known as the nhs.uk walk-in vaccine site finder). We will provide funding of **£500** for each existing clinic where all un-booked capacity in those clinics is offered via the Grab a Job website and as walk-in appointments on the day.

[Details on how this works and eligibility are available at this link.](#)

### **11d) NEW: Opt-outs from call/recall**

Please be aware that members of the public can access [this website](#) to opt-out of receiving invitations and reminders to be vaccinated. The opt-out only applies to messages sent out by the national vaccination programme. If individuals wish to opt out of receiving similar communications from their GP, they need to contact the practice directly.

If people subsequently wish to start receiving reminders and other communications from the national team, then they can log back in at any time and change their settings.

Please make sure that staff and volunteers at vaccination sites are aware of this service so that they can share the information with the public if requested.

**11e) NEW: Share your views and experience of managing vaccination bookings**

The NHS Vaccination Programme needs your help to understand your experience of managing vaccination bookings. We are conducting research with site staff to help us understand how we might improve the way that vaccination bookings are managed for both site staff and citizens.

We're looking to conduct interviews over the coming weeks.

*Interested in taking part?* Please complete this [survey](#) and we will get in touch to arrange a convenient time.

**11f) NEW: GAJ Site Finder Guidance**

[Please see the guidance document at this link](#)

**11g) NEW: Workforce helpline 0800 015 7707 – launched and live**

To support the workforce challenges facing vaccination sites, there has been a COVID-19 vaccination workforce helpline established to enable the resolution of workforce challenges which are stopping sites being able to deliver vaccination.

All sites should have contacted their lead employer in the first instance to support with workforce prior to contacting the supply helpline. Lead employer details can be found at the following link: [lead employer](#)

If your lead employer is not able to support and there is a workforce gap preventing you to deliver vaccine then please call or email any workforce challenges to [national.wfdeployment@nhs.net](mailto:national.wfdeployment@nhs.net) where we will work with the lead employer and national suppliers to help resolve workforce challenges.

**11h) REMINDER: Vaccination Operational Support Teams (VOST) are available to support vaccinations (COVID-19 and Flu) and 12–17-year-olds**

See below for teams that are currently available for deployment, along with areas where teams can be deployed for the week commencing 24th January 2022.

Please contact your [lead employer](#) for the latest deployment details and availability within your area.

WC 24/01/2022	Not deployed and are available	Deployed VOST teams
North West	East Lancs Hospital NHS Trust St Helens and Knowsley (Cheshire and Merseyside)	East Lancs Hospital NHS Trust (2 Teams) St Helens and Knowsley (Cheshire and Merseyside)

<b>North East &amp; Yorkshire</b>	South Yorkshire and Bassetlaw West Yorkshire and Harrogate (Health and Care Partnership)	Newcastle Upon Tyne Hospital Trust (3 Teams)
<b>East of England</b>	Norfolk and Waverney (CCS) Essex Partnership/Mid and South Essex (2 Teams)	Cambridge Community Services
<b>South East</b>	Sussex Health and Care Partnership (2 Teams) Surrey Heartlands Health and Care Partnership	Kent and Medway
<b>South West</b>	Bristol, North Somerset and South Gloucester (2 Teams) Dorset Devon	Somerset (2 Teams) Devon
<b>London</b>		East London Health and Care Partnership (2 Teams)
<b>Midlands</b>	Birmingham Staffordshire and Stoke on Trent and Solihull Nottingham and Nottinghamshire Health and Care	Coventry and Warwickshire

VOST teams are trained and ready to support COVID-19 and flu vaccinations, including 12-17 year olds and can often be deployed at pace. They are made up of an equal number of Registered Healthcare Professionals and Unregistered Vaccinators as outlined below:

Team of 6 -1 x Clinical Supervisor, 2 x Registered Healthcare Professionals & 3 x unregistered Vaccinators

### **11i) REMINDER: Requesting the correct number of Steward Volunteers**

NHS Volunteer Responders would like to remind you to only request an appropriate number of Vaccination Steward volunteers which reflects the current need at your site. This will improve the volunteers' experience and mean they are more likely to accept future shifts.

You can amend or cancel the number of Stewards you have requested very simply through the GoodSAM app. Log into the [GoodSAM platform here](#) to make amendments to the number of volunteers required. Click referrals, then search referrals. Either search by a start or end date or use the free text box to enter information regarding your referral to search. Full guidance can be found [here](#).

### **11j) UPDATE: Case studies**

The COVID-19 Vaccination Programme Improvement Hub has published a number of case studies to share learning and improvement work across the programme. A new case study is available sharing how North East London Health & Care Partnership built community confidence with their family-based approach to vaccination.

Please see the full case study [here](#). Please email, [c6.cag@nhs.net](mailto:c6.cag@nhs.net), if you have an improvement or shared learning case study to share.

### **11k) Useful Links**

General queries email: [england.pccovidvaccine@nhs.net](mailto:england.pccovidvaccine@nhs.net)

*LVS and Roving SOP Publications:*

- Standard Operating Procedure for mobile and roving models (updated 7 October 2021) [here](#)
- Standard Operating Procedure for Local Vaccination Services (updated 8 October 2021) [here](#)

*Phase 3 FAQs:*

- [Phase 3 FAQs for GPs / PCN-led sites](#)
- [FAQs Pharmacy-led Phase 3 LVS](#)
- Press notice: [Press notice: JCVI issues advice on third vaccination for severely immunosuppressed](#)
- JCVI full advice: [JCVI advice on third dose for severely immunosuppressed](#)
- Clinical updates: you can find all clinical updates [here](#)

[Coronavirus vaccinations](#): NHS Digital helps you access up-to-date information, training and onboarding guides related to the tech and data solutions that are supporting the COVID-19 and seasonal flu vaccination programmes.

[COVID-19 Vaccination Programme workspace](#) provides members with access to key documents, resources, webinar recordings, case studies and past copies of

the LVS Updates. There is also a discussion forum for members. If you are not already a member, please email: [P\\_C\\_N-manager@future.nhs.uk](mailto:P_C_N-manager@future.nhs.uk)

[COVID-19 Vaccine Equalities Connect and Exchange Hub](#) is a community of practices on the Future NHS platform. NHS, local authority, public and voluntary sector staff working to increase vaccine uptake, share ideas, evidence, resources, case studies and blueprints to increase uptake of the COVID19 vaccine within all communities. Members also have access to peer-to-peer support and a programme of regular lunch and learn webinars and live discussion forums. To join, please [register for an account](#) and once registered you can [join the Hub](#).

[Supply and Delivery Hub](#) helps you access key information in a timely way and help support you to deliver your local vaccination service. Here you will find the latest delivery information (vaccine and vaccine consumables as well as non-vaccine consumables, equipment and PPE), alongside the latest supply chain and customer service FAQs and other helpful information.

*National Workforce Support Offer – more details:*

- [National Workforce Support Offer Toolkit](#) provides more detail about the National Workforce Support Offer and is a practical guide for local vaccination service leads.
- Contact your [Lead Employer](#) to access the National Offer and additional staff and vaccinators, as well as support with your workforce needs.
- For more details, please see our Futures NHS pages [LVS Workforce](#) and [case studies/FAQs](#) and recently guidance for [PCN groupings](#) and [community pharmacy](#)
- Contact the national workforce team direct via [PCNCP.workforceescalation@nhs.net](mailto:PCNCP.workforceescalation@nhs.net)

[COVID-19 Vaccination Improvement Hub](#)