



# ICARS Newsletter

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Issue 75: 11th February 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: Vaccinating 5-11-year olds and 12-15-year olds

### 1a) NEW: First and second dose of COVID-19 vaccinations for at-risk 5 to 11-year olds

The NHS has commenced offering first and second doses to eligible children aged 5 to 11 years old who are in a clinical at risk group or are household contacts of someone who is immunosuppressed following updated [JCVI guidance](#). GPs and consultants are being asked to search for 5 to 11 year olds eligible for their first dose.

For more information please see [Operational guidance for 5 to 11 at risk](#).

### 1b) NEW: Rising 12-year olds vaccination advice

ICARS has received queries regarding vaccinations for rising 12 year olds. Please see the below guidance:

Guidance on the dose for children can be found in the Green Book: [COVID-19 Greenbook chapter 14a \(publishing.service.gov.uk\)](#), page 28:

#### ***Age specific recommendations on vaccine type***

##### ***Children under 16 and young adults aged 16-17 years***

*An adult/adolescent (30 µg) dose of the Pfizer BioNTech vaccine (Comirnaty®) has approval for use from 12 years old and currently has the most extensive safety data in those aged 12-17 years. This vaccine is therefore the preferred vaccine for children and young people. Although Moderna vaccine is also approved in children, Pfizer is currently preferred due to a lower reported rate of myocarditis.<sup>1</sup>*

*For children aged 5-11 years, a childhood (10µg) dose of Pfizer BioNTech is recommended. The paediatric formulation should be used, although 10µg (0.1ml) of the diluted adult/ adolescent vaccine may be an alternative when protection is required rapidly and the paediatric formulation is not available. The use of a fractional adult/adolescent vaccine would be off-label and can be considered on a case by case basis.*

*Children aged 5-11 years who commence immunisation with the paediatric dose of Pfizer BioNTech and then turn 12 years of age should complete vaccination with the paediatric dose. An adult/adolescent dose is an acceptable alternative if this is the only supply available. Children aged 5-11 years who are given a fractional dose of the adult preparation may complete with the paediatric formulation or vice versa*

***We would not recommend delaying vaccination unless clinically indicated.*** The above vaccine dose schedule should be followed.

Information for children aged 5-11 can be found on page 21 in the GB and 3rd primary doses in children aged 5-11 on page 24.

The key message is to not delay vaccination unless clinically indicated. For any further queries please contact [england.swicars@nhs.net](mailto:england.swicars@nhs.net)

**1c) NEW: Current Joint Committee of Vaccination and Immunisation (JCVI) advice for children and young people aged 12 to 15 years old**

JCVI advice for children and young people aged 12 to 15 years and NBS functionality:

<b>Cohort Description</b>	<b>Recommended Doses</b>	<b>Recommended interval from proceeding dose</b>	<b>NBS booking option</b>
12 – 15 years in a risk group (either clinical risk OR household contacts of immunocompromised)	Primary Course Dose 1	N/A	Yes
	Primary Course Dose 2	8 weeks	Yes but from 12 weeks
	Booster dose	91 days	No
12 – 15 years and severely immunocompromised at time of 1st or 2nd dose	Primary Course Dose 1	N/A	Yes
	Primary Course Dose 2	8 weeks	Yes but from 12 weeks
	Primary Course Dose 3	8 weeks	No
	Booster dose	91 days	No
12 – 15 years not in a risk group	Primary Course Dose 1	N/A	Yes
	Primary Course Dose 2	12 weeks	Yes

Current NBS functionality does not support all recommended cohorts at recommended intervals (see table 1). Please ensure site level capacity allows for walk-ins for those presenting with a letter of eligibility.

***Requirements for sites to vaccinate 12-15s:***

All sites must meet the requirements outlined in the Site Readiness Checklist [Parts A, B and C](#).

In addition, CPs must have readiness to vaccinate those aged 12-15 years confirmed by their regional team.

***Additional sites for 12-15s:***

If your region feels that additional sites are required to support geographical coverage, the region must firstly ensure that the site meets Site Readiness Checklists [Parts A, B and C](#).

- For CPs, the region must also check the readiness box on Foundry prior to submitting the site details. Once the region is confident that the sites meet the clinical requirements, the region should complete the LVS change process via the webform containing the site ODS code, name and address. The site will be onboarded onto NBS and sent the relevant materials. The onboarding process will take place twice weekly, usually a Monday and Thursday but this subject to change. The region will not be sent confirmation that the site has been onboarded to NBS, therefore it is the responsibility of the region to ensure that only sites who meet the clinical requirements are sent to the national team for onboarding for 12-15s.
- PCN groupings should continue to prioritise the offer of 1st and 2nd dose COVID-19 vaccinations to those aged 12-15 year olds who are clinically at risk or household contacts of immunocompromised people. PCNs should only be commissioned to vaccinate 12-15 year-olds without underlying health conditions in the unique circumstances that there is no other capacity available (through VCs, HH and CPs) given efforts across the system to support wider access and the level of existing involvement of PCNs in the programme. Where access to primary medical services is challenged, commissioners must not commission the PCN to vaccinate 12-15 year-olds not at risk.
- PCNs and CPs can only proceed to vaccinate 12-15 year-olds not at risk if they have agreement in writing from their commissioner.

Any technical issues relating to NBS should be directed to [vaccineservicedesk@england.nhs.uk](mailto:vaccineservicedesk@england.nhs.uk) / 0300 200 1000.

There is further, more detailed information on how to get help for various systems on FutureNHS here: [Vaccination Service Desk - COVID-19 Vaccination Programme - FutureNHS Collaboration Platform](#).

If you have any other questions, please contact [england.vaccinecentresgroupsupport@nhs.net](mailto:england.vaccinecentresgroupsupport@nhs.net)

#### **1d) UPDATE: Training remuneration guidance – update**

The [training remuneration guidance](#) has been updated to include remuneration for additional training required for vaccinations of children aged 5-11. In total an additional 1 hour 30 minutes is payable to clinical staff (RHCPs and unregistered vaccinators) for completion of training. This is in addition to payment for training completed to support vaccinations of children aged 12-17.

## **2. UPDATE / NEW: Boosters for Severely Immunosuppressed People**

### **2a) NEW: NBS booking pathway for boosters (fourth dose) enabled to support severely immunosuppressed people**

On Monday 31 January, the National Booking System was updated to enable the booking of boosters (fourth dose) for severely immunosuppressed people aged 16 or over, and people were able to attend appointments from the following day, 1 February. This is supported by public-facing communications, including updates to the NBS website and 119 scripts which will highlight the evidence patients need to bring with them to their appointment.

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](#).

We ask site leads to inform staff, including front-of-house and volunteers about this NBS update. Processes should be in place to identify severely immunosuppressed people who have booked their booster dose (fourth dose) on the NBS on arrival and direct them to the appropriate pathway to receive their booster dose. We issued an operational note on 28 January with further guidance for sites available [here](#).

### **2b) UPDATE: National call/recall invitation letter for boosters for severely immunosuppressed people aged 12 years and above to land this week**

We have sent out national invitation letters and emails to severely immunosuppressed people (or their responsible adults) aged 12 years and above who according to our records may be eligible for a booster (their fourth) dose. This national call/recall activity is in addition to the request to GPs and hospital specialists to identify and invite people for their booster (4th) dose.

We advise all people who may be eligible either due to their condition or treatment and have not been contacted before by their GP or hospital specialist to get in touch with their responsible clinician.

For the booster dose, the responsible clinician should advise about the best timing in relation to the patient's condition or treatment in line with JCVI advice. For further information please also see the [Green Book Chapter 14a](#).

Individuals who have received a referral letter confirming eligibility for their booster dose, and information on its appropriate timing can now also book their booster on the NBS if they are aged 16 or above or can attend a walk-in vaccination site. An [operational note](#) with further guidance has been issued.

Please note that the supplementary payment for PCN and CP-led vaccinations of severely immunosuppressed individuals of £10 has been extended to 31 March 2022.

### 3. UPDATES / NEW: Operational Issues

#### 3a) UPDATE: Legislation requiring vaccination as a condition of deployment

The Secretary of State has announced that legislation requiring vaccination as a condition of deployment (VCOD) for all healthcare workers is being revoked.

This is subject to Parliamentary process and will require further consultation and a vote to be passed into legislation.

We are aware that, based on the [guidance already issued to the service](#), employers will have begun to prepare for formal meetings with staff on their deployment if they remain unvaccinated. This change in Government policy means we request that employers do not serve notice of termination to employees affected by the VCOD regulations.

A huge effort has been put in to increasing the already high take-up among NHS staff, whether through one to one conversations or the many other methods deployed. This is very much appreciated, and the vaccine remains the best way to protect ourselves, our families, our colleagues and patients from the virus.

A letter from Amanda Pritchard, Em Wilkinson-Brice, Stephen Powis, Ruth May and Nikita Kanani, which summarises latest developments, is available [here](#).

#### 3b) UPDATE: Recording Overseas Vaccinations for Healthcare Workers

Last week RVOCs received information outlining the two delivery model options available for validating the vaccination records of eligible healthcare staff who have one or more doses of a COVID-19 vaccine overseas. 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. The full details of the requirements for VCOD can be found [here](#).

Regional teams will be reaching out to Trusts to guide them on communications out to their staff on how to book an appointment. Where staff require additional COVID19 doses, if assessed as clinically appropriate using national [guidelines](#), they should be directed to a vaccination site.

For more information on the service for NHS healthcare workers you are asked to contact your Regional Vaccination Centre or Hospital Hub Lead directly.

For information on the overseas programme itself visit the FutureNHS Overseas workspace:

<https://future.nhs.uk/COVID19VaccinationCentres/view?objectId=32198416>

#### [COVID-19 vaccinations received overseas](#)

Page summary: Information for healthcare practitioners on COVID-19 vaccination received overseas.

Change made: Updated guidance on individuals vaccinated overseas.

### **3c) NEW: Infection Control measures in vaccination centres**

The [National Guidance](#) on health care settings (including at Vaccination Centres) has been updated on Jan 17. The Guidance makes clear the need for:

- Recommendation for universal use of face masks for staff and face masks/coverings for all patients/visitors to remain as an IPC measure within health and care settings over the winter period.
- Recommendation that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care settings, *'Everyone attending a vaccination centre is considered vulnerable'* and therefore the 2m guidance should be maintained whenever possible.
- Recommendation that physical distancing should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed.
- Recommendation that screening, triaging and testing for SARS-CoV-2 continues over the winter period. Testing for other respiratory pathogens will depend on the health and care setting according to local/country-specific testing strategies/frameworks and data.
- The vaccination centres need to continue to make local risk assessments to determine how they can most optimally manage mixed cohorts of patients presenting for vaccinations simultaneously as re: the scheduling of booking times and designated areas, etc.

### **3d) UPDATE: Cohort eligibility and operational status**

[This resource](#) has been updated. This week's version includes a new table detailing information about 5 to 11 year olds in a risk group, for whom vaccinations have now begun. 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](#).

## **4. NEW / UPDATES: Workforce Issues and Support**

### **4a) UPDATE: Flight crew working in vaccination centres**

Flight crew working in the vaccination service who return from overseas have previously been required to not work until an isolation period has passed.

Travel advice has changed and there are currently no red zones. Therefore, at this time, no additional requirements are being asked of flight crew over and above other NHS staff.

The updated full guidance of 24 Jan 2022 is available [here](#).

Whilst there are presently no red listed countries this situation is constantly reviewed and subject to change.

### **4b) UPDATE: LVS additional workforce funding extension**

We originally wrote to local vaccination services on [10 June 2021 with an offer of support for local vaccination services](#) and specifically, a timebound recharge suspension for the costs of staff deployed from lead employers, including detained estate providers. At the end of January 2022 there remains funding available in some systems, we are therefore going to extend the current offer for local vaccination services until the 31 March 2022, or until the integrated care system funding bracket is exhausted, whichever happens first.

This funding is to provide additional resource through the provision of additional workforce at no charge, supplied through the [lead employer](#) to local vaccination services and detained estate. Staffing already routinely provided to LVS and detained estate will continue to be recharged.

During the period, lead employers should continue to support local vaccination services with their workforce requirements. Salary costs should be incurred by the lead employer and reclaimed via the normal processes, but they are not required to invoice out to reclaim the additional salary charges from local vaccination services or detained estate providers. The weekly workforce return is to be completed on Foundry to indicate the FTE being transferred to different pillars from the lead employer. A separate monthly finance return is to be completed by Lead Employers to quantify the value of resources provided to whom, under the scheme, this process will be managed through the regional finance leads.

### **4c) NEW: SJA support to vaccination of children and School Age Immunisation Services**

As of the 24th January 2022, SJA volunteer vaccinators who meet the training and competency requirements specified in NHSEI guidance, found [here](#), can vaccinate children aged 5 and over in all out-of-school settings. From 1st February 2022, this provision has been extended to include SJA volunteer



vaccinator support to School Age Immunisation Services (SAISs) in all (including school) settings. This service extension is supported by the following staff sharing authorities and process:

- SJA support to NHS SAIS providers is authorised under the provisions of existing NHSEI staff sharing agreements, where these include the Lead Employer and SAIS provider. No further authorities are required.
- SJA support to private SAIS providers is authorised, subject to completion of a direct confirmation between SJA and private SAIS providers to confirm reciprocal indemnity arrangements. NHSEI has approved the text of the confirmation letter, found [here](#), which remains the responsibility of SJA to provide to the provider. Requests for SJA support to both NHS and private SAIS providers are to be made using the on-line [SJA Service Request](#), which will be auto-forwarded to SJA Regional Coordinators for administration.

#### **4d) NEW: SJA support to Community Pharmacies – amendment to requesting process**

Recent changes to indemnities have resulted in a requirement to include additional governance to the deployment of SJA volunteers to community pharmacies, to clarify the mutual position on indemnities and liabilities.

Therefore, from 1 March 2022, SJA volunteer support to community pharmacies will also be subject to completion of direct confirmation between SJA and respective community pharmacies to confirm reciprocal indemnity arrangements. NHSEI has approved the text of the confirmation letter, found [here](#), which remains the responsibility of SJA to provide to the provider.

Requests for SJA support to community pharmacies are to be made using the on-line [SJA Service Request](#), which will be auto-forwarded to SJA Regional Coordinators for administration.

If there are any questions relating to the above, then please contact [national.wfdeployment@nhs.net](mailto:national.wfdeployment@nhs.net)

#### **4e) UPDATE: Confirmation statement on the vaccination status of St John Ambulance (SJA) volunteers**

St John Ambulance (SJA) requires their volunteers working in the COVID-19 vaccination programme to be fully vaccinated (to have received 1st and 2nd jabs) by 1st April and are encouraging their volunteers to receive boosters. SJA centrally pre-check volunteer compliance to this standard before rostering.

**4f) REMINDER: Vaccination Operational Support Teams (VOST) are available to support vaccinations (COVID-19 and Flu) and 5-17 year olds**

See the table below for teams that are currently available for deployment, along with areas where teams can be deployed for the week commencing 7 February 2022. Please contact your [lead employer](#) for the latest deployment details and availability within your area.

WC 07/02/2022	Not deployed and are available		Deployed VOST teams	
	Lead Employer	Location	Lead Employer	Location
<b>North West</b>	East Lancs Hospital NHS Trust	Lancaster Ulverston	St Helens and Knowlesly (Cheshire and Merseyside)	The Oval
<b>North East &amp; Yorkshire</b>	South Yorkshire and Bassetlaw  West Yorkshire and Harrogate (Health and Care Partnership)  Newcastle Upon Tyne Hospital Trust	Sheffield  Leeds / Wakefield  Darlington Middlesbrough Durham		
<b>South East</b>	Kent and Medway	Pentagon		
<b>South West</b>	Dorset  Somerset	Nuffield Ind Estate  Firepool	Somerset  Devon	Gateway Torbay/ Barnstable
<b>London</b>			East London Health and Care Partnership	Westfield Stratford

<b>Midlands</b>			Coventry and Warwickshire  Staffordshire and Stoke on Trent	Various Bedworth  Various
<b>East of England</b>	Essex Partnership/Mid and South Essex	TBC	Norfolk and Waverney (CCS)  Cambridge Community Services	TBC  TBC

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

## 5. NEW / Updates: Resources and Tools

### 5a) NEW: Multi-language materials

As we focus on every vaccine matters the programme have worked with experts have created a shared platform to host COVID-19 vaccination information in a **wide range of formats and translations**. These resources have been produced by trusted sources including the civil service language network who supported using the volunteer offer in December 2021. These materials are available in over 28 different languages. Click the link below to go straight to the page:

<https://future.nhs.uk/NationalCOVID19VaccineEquality/view?objectID=32987088>

### 5b) NEW: Retention toolkit update

The [COVID-19 Local Retention Guide for Unregistered Staff](#) has been updated to reflect developments in the programme since it was last published in summer 2021. Key updates to the [Employer Guide](#) include: information on the national retention chatbot (which is free and available for all Lead Employers to utilise); information and guidance on establishing a Reservists model; additional case studies and local examples of retention initiatives (e.g. surveys, use of the chatbot, careers fairs and webinars, and development opportunities); and resources relating to the Healthcare Support Worker (HCSW) programme. The

Employer Guide also includes information and guidance on implementing the Accelerated Care Certificate as an opportunity to upskill the unregistered workforce during this period of lower demand, in preparation for the next phase of the programme as well as longer-term careers in the NHS. The [Candidate Information Pack](#) (which contains materials that Lead Employers may lift, adapt, rebrand and use in local materials given to candidates) has also been updated to include information on what a Reservist role looks like; and more information on training and career progression for HCSWs.

### **5c) NEW: NHSP onboarding guidance**

In December 2021 a national recruitment campaign was launched to support lead employers to have a sustainable workforce for the vaccination programme in 2022. The first handover of candidates who have been vetted through NHS Professionals are now able to be deployed. A guidance document has been developed for lead employers to support the process of onboarding these candidates. The guidance can be found here:

<https://future.nhs.uk/CovidVaccinations/viewdocument?docid=124164133>

### **5d) NEW: [Grab a Job](#) – Walk-in site finder tool**

Click here to watch a [short clip](#) of Dr Ben Burville from Coquet Medical Group discussing the benefits of using the walk-in site finder tool:

1. The main success is when there are gaps in a planned clinic, such as the lull between lunchtime and 3pm. Uploading this period onto the walk-in site finder the night before for a period of 1-2 hours only, is an opportunistic way to make incremental gains in your uptake, such as vaccinating an extra 10 people via walk-in – potentially from a cohort of relatively lower uptake such as 18 – 24.
2. These small bite size chunks of short periods of time makes walk-ins more manageable as you only need to arrange for (additional) staff for a short period so if the walk-in demand is lower, staff can soon return to other tasks.
3. It's very easy to use the SharePoint and update your site – start to finish took no more than 5 minutes to put in the timings.
4. Things that could be improved – making the lunchtime break show up on the front page.

It's very easy to use, an important tool to maximise uptake, especially local sites who can access directly and make use of it.

### **5e) NEW: Webinars - Vaccination programme shared learning community webinar**

Register for the next shared learning webinar, training on 'Failure Mode and Effects Analysis (FMEA)' quality improvement methodology. The webinar will take place on Wednesday 9 February at 2pm, with a focus on skills transfer to support you in continuous quality improvement. Register for the event [here](#).

### **5f) UPDATE: Case studies**

The COVID-19 Vaccination Programme Improvement Hub publishes case studies to share learning and improvement work across the programme. A new case study is available sharing how Hertfordshire Community NHS Trust setting up a local helpline to provide parents and school staff with rapid answers to their questions, enabled them to make informed decisions.

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.