



ICARS Newsletter

Issue 80: 18th March 2022

Immunisation Clinical Advice Response Service

About this bulletin:

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

PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE VACCINATION PROGRAMME

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

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1. UKHSA COVID-19 vaccination: spring booster resources

UK Health Security Agency (UKHSA) have now published the COVID-19 [spring booster for people over 75 leaflet](#).

People aged 75 years and older, residents in care homes for older people, and those aged 12 years and over with a weakened immune system will be offered a spring booster of coronavirus (COVID-19) vaccine. Appointments will be available from the National Booking Service shortly.

Ordering has opened to all vaccination providers in advance of the appointments being made available. Stock will arrive next week and will be dispatched. Please place your orders on the website now. Translated and alternate format versions will be available soon.

2. Possible recent COVID-19 infections and Vaccinating 5-11 year olds

2a) Recent infection and child vaccination

We are receiving queries whether the recommendation for a 28 day/12-week interval between COVID-19 infection and vaccination is going to remain in guidance after routine testing ceases.

If you are unsure if the patient has recently had COVID-19 when attending for vaccination, and there is no presence of a COVID-19-like illness or symptoms, and the patient is otherwise well, then proceeding with vaccinating is the right course of action. If the patient has received a positive COVID-19 test, then deferral to around 28 day/12-week would be recommended, unless there were other overriding reasons to consider.

2b) Vaccination of Children once testing stops

Further to a number of queries received, regarding the vaccination of children once testing stops and the potential risk that they are unknowingly within 12 weeks of being COVID+ at the time of vaccination, please refer to page 35-36 of the [Green Book](#) which states:

“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. Individuals with a past history of

COVID-19 infection. There is no convincing evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibody.

Vaccination of individuals who may be infected or asymptomatic or incubating COVID-19 infection is unlikely to have a detrimental effect on the illness, although individuals with suspected COVID-19 infection should not attend vaccination sessions to avoid infecting others. As clinical deterioration can occur up to two weeks after infection, vaccination of adults and high risk children should ideally be deferred until clinical recovery to around four weeks after onset of symptoms or four weeks from the first confirmed positive specimen to avoid confusing the differential diagnosis. There is no need to defer immunisation in individuals after recovery from a recent episode with compatible symptoms who were not tested unless there are strong clinical and epidemiological features to suggest the episode was COVID-19 infection. The four week interval may be reduced to ensure operational flexibility when rapid protection is required, for example high incidence or circulation of a new variant in a vulnerable population. Currently, the JCVI consider that, in care home residents and the housebound, there may be an advantage in offering vaccination to some individuals with recent confirmed COVID-19, without a four-week deferral, where individuals are clinically stable and when infection control procedures can be maintained. These populations are likely to be highly vulnerable and will facilitate vaccination without the need for multiple visits”.

In summary, this advice is cautionary and not absolute. The main consideration is that the person is well - not systemically unwell; no fever etc. If there was a positive test result, unless there were other overriding reasons, then deferral to 12 weeks would be recommended. This would also apply to someone who had a clear reasonable history of covid e.g. loss of sense of smell. Within this, it has to be accepted that those who have had milder COVID-19 and who will not have been tested, will be vaccinated, as getting a test prior to vaccinating is not feasible.

This information is correct at the time of the distribution of this e-mail and colleagues should always refer to the [Green Book](#) for the latest advice. The final decision to vaccinate remains with the clinician undertaking the assessment.

In the event of any queries, please continue to use SW ICARS england.swicars@nhs.net.

3. Specific Cohort Information or Updates: Severely Immunosuppressed patients

3a) Simplifying evidence of eligibility of vaccinations for patients who are immunosuppressed and severely immunosuppressed

Thank you for all your help in assisting people who are severely immunosuppressed or immunosuppressed to receive their Covid-19 vaccinations.

We are writing to update you on the steps we are taking to help simplify how patients in these groups can show their eligibility for vaccinations.

Recap on clinical advice for Covid-19 vaccinations for those who are immunosuppressed:

- The Joint Committee on Vaccination and Immunisation (JCVI) advise that people who were **severely immunosuppressed** either as a result of their disease or therapy at the time of their 1st or 2nd dose, should receive a third dose as part of their primary course and a subsequent booster dose after a further 3 months.
- More recently, JCVI have advised that people who are immunosuppressed, which also includes the severely immunosuppressed as defined in Table 3 and 4 of [the Green Book Chapter 14a](#), should also receive a Spring booster.

Evidence to show eligibility:

From 21 March, information for the public will be updated to help simplify the evidence for those who are immunosuppressed to show their eligibility when they arrive for their appointment:

- a specific communication from the GP or specialist stating their eligibility; or
- other forms of evidence to confirm their condition or medication including a hospital letter that describes the condition or the immunosuppressive medication that's been prescribed, a copy of a prescription, or a medication box with a patient's name and a date on it.

Supporting those without appropriate evidence:

If the person attending their vaccination appointment is not able to provide suitable evidence to confirm their condition, a conversation with an appropriate clinician may be sufficient to confirm that the individual is eligible.

An appropriate clinician would include healthcare professionals who are familiar with medicines and treatments that cause immunosuppression and are able to understand a patient's medical history.

If a clinical conversation is not possible, or it is not possible to confirm eligibility please advise the individual to contact their GP or specialist to confirm whether they are eligible for additional boosters ([Template letter](#) – in the event unable to vaccinate). As far as possible the approach taken should be to vaccinate, as the risk of an additional but unnecessary dose is low risk compared to leaving an immunosuppressed person under-vaccinated.

Recording patient assessment:

The process for recording any patient assessment should be determined locally but could be within the notes section of the vaccination record or in the GP

clinical system if GP records are available. Paper records would only be acceptable as a business continuity solution.

If a decision **not to** provide a third primary dose or a booster dose, this should also be recorded in the Point of Care (PoC) System.

IMMEDIATE ACTIONS FOR VACCINATION SITES

Sites should ensure that staff at the vaccination site are advised of these updates:

- To ensure no-one is refused access to a vaccination that they are eligible for, please make sure all staff are informed about the updated guidance on how immunosuppressed patients show their eligibility and timings as described above and in the updated [Clinical Assessment Framework](#).
- Ensure that a site has a process in place to direct patients either directly to receive their vaccination or to a person who is able to have a clinical discussion if that is considered necessary. If a clinical discussion is required but there is not a suitable clinician available on site, please ask staff to arrange this to happen with the patient at the earliest opportunity.
- Ensure that your site has a process for recording any patient assessment; paper records are expected to only be used as a business continuity solution and information would need including into electronic records retrospectively.

If you have any questions, please contact england.vaccinecentresgroupsupport@nhs.net for Vaccination Centres Support or england.pccovidvaccine@nhs.net for Local Vaccination Centres (Primary Care Networks and Pharmacies).

3b) Assessing patients presenting for additional doses due to Immunosuppression

The [Clinical Framework](#) has been updated to make matters clearer for those assessing eligibility and simplifying the approach regarding timing. Eligibility is assessed by primarily a clinical conversation as to their understanding of what is causing their immunosuppression, this may be supported by documentation. This could be a GP or specialist letter specifically referring to vaccination, a hospital clinic letter describing immunosuppression or evidence of therapy such as a drug packet or prescription.

The timing of vaccination regarding immunosuppressive therapy is not important for many patients, where it is important those patients should be informed by the prescriber of the therapy. The assumption going forwards will be that all immunosuppressed patients can be vaccinated without consideration as to timing of their therapy unless there is evidence to the contrary. This recognises the

barrier that timing issue has presented to vaccination of a vulnerable group and has been taken with the knowledge of the UK Health Security Agency (UKHSA).

The document also recognises the requirement to revaccinate Stem Cell Transplant and other people whose previous vaccination derived immunity has been removed by treatment. It instructs how these vaccinations can be recorded in the Point of Care systems.

4. Specific Vaccination Cohort Updates

4a) Cohort eligibility and operational status

[This resource](#) has been reviewed and has small updates this week. The resource summarises which cohorts are eligible for vaccination, under what parameters, and how they can access the offer. 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.

4b) Care Home vaccination - SJA Support

The operational planning guidance outlines the vaccination offer of a spring dose at around 6 months after the last vaccine dose for adults aged 75 years and over and residents in a care home for older adults. This offer is expected to begin from early April with consent starting to be obtained and systems will need to consider how to deliver this without impacting on core NHS services.

We have partnered with St John Ambulance (SJA) throughout the pandemic to provide almost one million volunteer hours to support the COVID-19 vaccination programme and they offer additional workforce to support the vaccinations in a care home setting.

SJA can assist by;

- Supporting PCNs to deliver Pfizer boosters to specific care home locations where local need identifies workforce additionality
- Providing volunteers who are already trained and competent to vaccinate in adult Pfizer booster doses as well as post-vaccination observation support Providers can request this additional workforce directly from SJA ensuring 5 days' notice is provided to allow the rostering of volunteers. You can find further details on the offer and workforce models used by SJA [here](#). This support offer is funded through the existing national SJA contract.

To request assistance, please complete the [service request form](#) or alternatively, if you have any additional queries, please contact NHS-Vaccinations@sja.org.uk

4c) Overseas vaccine guidance

There has been a further update to the [guidance](#) issued by UKHSA to cover the care of people who have received booster doses overseas. As always, please note that the guidance provides advice about ongoing clinical care, not on eligibility for a COVID pass.

4d) Vaccination as a condition of deployment

The government has announced that it will bring forward the regulations to revoke vaccination as a condition of deployment following its consultation, which closed on 16 February 2022. The revocation of the regulations will come into force on 15 March.

The full consultation document is available [here](#).

5. COVID-19 vaccine surveillance report – week 8

The UKHSA week eight [vaccine surveillance report](#) has been published, sharing key insights and findings following continuous monitoring of the COVID-19 vaccines as they are rolled out in the population. The surveillance ensures that clinical and public health guidance on the vaccination programme is built upon the best available evidence.

6. Operational Guidance and Updates

6a) Infection Control measures in vaccination centres

The [national COVID-19 guidance on management of staff and exposed patients or residents in health and social care settings](#), including at vaccination centres, has been further updated on 24th February and acknowledges that whilst there is no longer a legal requirement for people with coronavirus (COVID-19) infection to self-isolate, the public health advice for people with any of the main symptoms of COVID-19 or a positive test result has not changed and remain to stay at home and avoid contact with other people.

Due to the higher risk nature of health and social care settings, the advice for staff members working in these settings has not changed.

6b) Learning visits Standard Operating Procedure

The [Learning Visits Standard Operating Procedure](#) has been updated, outlining how the national team conduct learning visit to COVID-19 vaccination sites. We are keen to undertake learning visits to sites to understand workforce and clinical issues, to identify areas of good practice and innovation and to share this more widely within the programme. We usually identify sites for learning visits via the regional leads but if sites would like to put themselves forward for a learning visit from the national team, or if they have an example of an innovation or good

practice example that they would like to share with others, please contact the Clinical Improvement Co-ordinator sarah.heneker1@nhs.net.

6c) Lead employer framework

Further to the update last week, there has been an update to the lead employer framework toolkit to include an overview of how the financials relating to workforce work in the COVID-19 vaccination programme.

This toolkit has been developed to outline the eight dimensions that need to be in place to deliver the requirements of the lead employer framework to support strengthening the lead employers as systems are doing their operational planning for April-September 2022.

The lead employer framework is available on Future NHS, which can be found [here](#).

7. Workforce Specifications, Support and Updates

7a) NEW: Updated Local Enhanced Service (LES) agreement for Community Pharmacy

The Local Enhanced Service (LES) agreement for pharmacy contractors is currently with Local Pharmaceutical Committees for consultation prior to publication. The updated version will be [published here](#).

7b) NEW: Updated Enhanced Service specification for general practice

Further to our [system letter](#) published on 23 February and the [latest JCVI guidance](#) on Spring boosters and other [JCVI guidance](#) on the vaccinations of all 5-11 year olds and our subsequent [system letter](#) of 18 February, we have agreed with the General Practitioners Committee (GPC) England to extend the COVID-19 Enhanced Service (ES) specification for general practice for COVID-19 vaccinations until 30 September 2022. The updated service specification can be found [here](#).

Systems will be working with their providers now to understand their capacity and ensure the right delivery model mix is in place over Spring / Summer. Any PCN Grouping wishing to deliver COVID-19 vaccinations post April 2022 will need to do so without impacting the 2022/23 core services, for example by drawing down additional workforce capacity.

The ES includes new requirements that enable PCN Groupings to stop vaccinating but not fully withdraw from the programme and be ready to stand up additional capacity if required. This is described as a “pause” in the ES.

The ES also clarifies that PCN Groupings and their local commissioner could agree that the PCN Grouping will focus on the vaccination of specific cohorts.

The ES also has been updated to include:

- Clarification on the defined standards of record keeping required. It is important that all practices adhere to robust user and access management process to ensure high levels of security, including by removing accounts of users where staff leave employment or are no longer working vaccination shifts.
- Amendments to the definition of eligible patients to bring in line with the latest JCVI guidance.
- A £10 financial supplement for all vaccination doses for 5-11 year olds. Please note the period for serving notice on the ES in March only has been shortened to 21 days in case any PCN Groupings wish to fully withdraw from the programme by April.

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7c) NEW: Call to all Community Pharmacy-led vaccination sites

The NHS Vaccinations Programme is looking for feedback from providers and any staff involved in the COVID-19 vaccination programme to help us learn what worked well and what improvements can be made for the Autumn CP COVID-19 vaccination service specification. We want to know about the challenges that you encountered, what worked well and provide you with an opportunity to offer any suggestions.

The survey will take approximately 5-10 minutes to complete and can be accessed using the link below.

Interested in taking part? Here is a link to the [survey](#).

7d) SJA Child Vaccination

There are now over 1000 experienced SJA volunteer vaccinators who are now trained to support the vaccinations of school age children both in and out of schools.

This is for all children aged 5 years and over and applies in all settings, including schools. Following a successful SJA recruiting campaign at the beginning of this year, even more SJA volunteers are now being trained as vaccinators, and will become available to support SAIS once they have gained suitable experience, competence and confidence in vaccinating adults.

All SJA vaccinator volunteers complete the same training and follow the same standards required by the paid NHS vaccination workforce. This starts with a comprehensive e-learning package, details of which can be found at the following

link on NHS Futures: [SJA Vaccinator Guidance - COVID-19 Vaccination Programme](#). Thereafter, all must pass local / face to face training that includes adult and paediatric basic life support, intra-muscular injection administration, and the practical drawing-up of vaccines. Finally, volunteers undergo a period of observed practice with real patients, their competency is assessed and if satisfactory, they are signed off as vaccinators.

Should you wish to utilise SJA volunteers, requesting their support is straightforward, and can be accessed by completing the very short form at the following link: [St John Ambulance - Vaccination Workforce Request Form](#). Once there, simply select your region, enter the ICS to which you are aligned, and under 'Model being Requested', please select School immunisations. On the next page please enter the shift date(s), time(s) and address, and tick unregistered vaccinator under the SJA Staffing and Resource menu. Finally, enter your contact details and add any additional information that may be relevant. You can then click submit, and this information will go forward to the SJA Regional Coordinator to administer the support and tasking requirement.

If you have any specific questions on how SJA can support you, then please contact the [National Programme - Workforce Deployment Team Lead](#)

If you require any further support or information, then you can also reach out to the NHS Workforce Hotline number on 0800 015 7707.

7e) 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 14th March 2022. Please contact your [lead employer](#) for the latest deployment details and availability within your area.

WC 14/03/2022	Not deployed and are available		Deployed VOST teams	
	Lead Employer	Location	Lead Employer	Location
South West			Somerset Devon	Gateway Barnstable

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

8. Workforce Resources, Training and Learning

8a) 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 where we will work with the lead employer and national suppliers to help resolve workforce challenges.

Consumables and Deliveries Customer Service Helpdesk changing provider – new phone number and email address from Monday 14 March 2022

From next Monday (14 March 2022) we will be transferring all sites in London, the Midlands, North East and Yorkshire and the South West over to a new helpdesk function for consumables and delivery queries.

The new Estates, Equipment, Consumables and Logistics (EECL) helpdesk will be operated by the National Vaccination Operation Centre (NVOC) and will provide the same level of support for sites as they currently receive from the Unipart Customer Service (CS) team.

We have already moved the North West, South East and East of England regions over to the new EECL helpdesk and are pleased to confirm that this has been a smooth transition with no impact to operational effectiveness.

From Monday 14 March 2022 the new EECL Helpdesk contact details for sites are:

- **Email:** england.c19vaccs-EECLhelpdesk@nhs.net
- **Telephone:** 0800 015 7707

The helpdesk phone line will be staffed between 9am and 5pm Monday to Friday, with email support available during Saturday and Sunday.

Please be assured that sites who mistakenly contact the Unipart CS helpdesk after Monday (14 March) will still be supported by the Unipart team up until 7pm Wednesday 16 March. After this date, the Unipart team will redirect calls from all sites to the EECL helpdesk instead. All open tickets will be resolved by Unipart and will not be transferred.

The decision to move the service over to NVOC at this time is down to several factors. These include a return to business as usual (BAU) practices for ordering non-vaccine consumables and the introduction of more self-serve options for

sites via Foundry, such as vaccine ordering. All of which has resulted in a steady decline in the daily contact rates to the CS helpdesk over the last 6 months. Indicating that this is the right time for us to now create a single customer resolution team, which will ensure all vaccination sites can continue to access quality support when needed while also reducing the duplication that currently can occur across the two support functions

8b) Case Study: Volunteer vaccinator Blackburn Cathedral, Lancashire

The Vaccination Team from NHS Lancashire Teaching Hospitals have recently been focussed on the upskilling and training of volunteer vaccinators as part of their system planning, to help ensure they can continue to meet the demand for vaccinations in the future and allow existing staff to return to business as usual.

Their approach to training volunteer vaccinators has led to a number of positive outcomes and can also support delivery models with the vaccination of young people. The training and guidance for vaccinating 5-11 year olds can be [found here](#).

Their approach has been featured in a piece of work alongside BBC's Blue Peter show where one of the presenters is trained alongside other volunteers to deliver vaccinations at Blackburn Cathedral.

This is a great example of how upskilling the workforce to support the vaccination of this cohort can empower them to do more, help deliver a real sense of achievement and ensure local communities are involved in the COVID programme. The video can be viewed on the [following link](#)

8c) 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.

Two new case studies are available, sharing suggestions [how to Make Every Contact Count \(MECC\)](#) during a visit to the Vaccination Centre, and [tackling vaccine hesitancy](#) with a young boy with learning disabilities and his family.

If you have an improvement or shared learning case study to share, please email, c6.cag@nhs.net.

8d) Webinars

Vaccination programme shared learning community webinar

Previous Learning Community Webinars can be accessed on the [Improvement Hub](#).

Please save the dates for future Learning Community Webinars:

- Wednesday 16 March 2pm-3pm
- Wednesday 23 March 2pm-3pm

8e) NEW: National Community Pharmacy webinar – 9 March

Thank you to everyone who joined the webinar earlier this week. We hope that you found it helpful. The webinar recording and slides are available on NHS Futures [here](#) for everyone to access. If you are not already signed up to NHS Futures, please go to <https://future.nhs.uk/about>

8f) Useful Links

General queries email: 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

[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

[COVID-19 Vaccination Improvement Hub](#)