



ICARS Newsletter

Issue 83: 8th April 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. NEW: Supporting increased use of Spikevax®

Vaccination sites should be aware that Spikevax® will be made available as a greater proportion of available vaccine supply over the coming weeks with an anticipated split in the region of 80/20 (Spikevax®/Comirnaty® (30microgram/dose)).

JCVI has reviewed data from the various trials that indicate mRNA vaccines provide a good booster response. Data show that a reinforcing dose using Spikevax® offers a substantial increase in protection against COVID-19.

Sites should continue to order via the usual processes and are asked to request Spikevax® as the primary booster vaccine (including spring boosters) for adult populations. Comirnaty® (30microgram/dose) can continue to be ordered where needed for those aged 12-17 years old, and for completion of primary course doses for adults where the course was started with this vaccine.

Guidance on how the NBS presents appointments to Users, and how this is driven by posting appointment availability by sites

- The NBS takes the user's chosen date and displays appointments for the vaccine type with the greatest availability for **that day, not the entire booking period** (note: vaccine type is not presented to the user).
- When a site has posted more availability for one vaccine type over another (for example 360 Comirnaty® (30 microgram/dose) appointments and 200 Spikevax® appointments) NBS will preferentially show appointment slots for the vaccine type until slots have been booked to the point that the second vaccine type has greater availability - and is then preferentially displayed.
- Booking will therefore be skewed toward the vaccine type with more availability until the balance of appointments available tips to the other vaccine type.
- Sites should take this into consideration when posting appointment availability and should ensure that calendars reflect the vaccine supply available. Please note that 12-17s are only presented with Comirnaty® (30

microgram/dose) appointments as this is the only vaccine they should routinely be receiving.

Guidance on changing appointment availability from one vaccine type to another

We understand that some sites may have pre-loaded greater availability of Comirnaty® (30 microgram/dose) appointments, and therefore need to change this to increase Spikevax® availability. In the scenario of greater Comirnaty® (30 microgram/dose) appointment availability:

- please delete your Comirnaty® (30 microgram/dose) availability in the calendar ('Pfizer-BioNTech') in the diary manager first.
- once removed, please add in the diary manager availability into the Spikevax® ('Moderna') calendar.
- ensure capacity remains available to support young people aged 16 to 17 years old who **must only receive the Comirnaty® (30 microgram/dose) vaccine.**

Note: any bookings that have already been made in the Comirnaty® (30 microgram/dose) calendar will not be moved or deleted in this process. Site leads should decide whether to cancel these appointments or if Spikevax® could be given at the appointment instead. Sites must have measures in place to ensure the appropriate vaccine type is given upon verification of eligibility of the individual. Please note, vaccine type eligibility (see an overview of eligibility on FutureNHS [here](#)).

Sites should note that for adults aged 18 and over, administering a different vaccine for second or third primary dose to that which was used for the first dose would be considered as off label, however this can be done within the PGD or National Protocol. It is recommended that such administration should only be undertaken following senior clinical advice, on an individual case basis and where the benefits outweigh the risks. Please see Item 5 in the Clinical Bulletin dated 28th January for further information.

2. UPDATE: Revised PGDs and National Protocols

2a) UPDATE: Revised PGDs and National Protocols

Revised Patient Group Directions (PGDs) and National Protocols for Comirnaty 10 micrograms/dose Concentrate for Children 5-11 years, Comirnaty 30micrograms/dose Concentrate for Adults and Adolescents, Spikevax and the AstraZeneca vaccine have all been published are available via [this page](#). **NBS calendars should now be adjusted to prioritise Spikevax® usage and to ensure that individuals can book an appropriate appointment.** This is to

ensure we minimise waste of Spikevax vaccine which expires in the next few months.

These versions went live on 31 March 2022 and the old documents removed yesterday. Vaccinating teams can now read the new versions, familiarise themselves with the amendments, and complete the authorisation process, ready to use them.

Amendments are detailed in the Change History section of the documents. To note, the revision to the documents for AstraZeneca do not have any further changes at this stage apart from the new expiry date.

2b) NEW: Amendment to the recently revised Spikevax

Version 06.00 of the Spikevax protocol was published last week, with a start date of 31st March 2022. A small error in the document was detected: page 9 in the cautions section included text which erroneously referred to the Comirnaty 30 micrograms/dose vaccine instead of Spikevax. This has now been amended and the corrected sentence now reads:

“Individuals with undiagnosed polyethylene glycol (PEG) allergy often have a history of immediate onset-unexplained anaphylaxis or anaphylaxis to multiple classes of drugs. Such individuals should not be vaccinated with Spikevax, except on the expert advice of an allergy specialist or where at least one dose of the same vaccine has been tolerated previously.”

The amended National Protocol can be found [here](#). Please note that this error was not present in the Patient Group Direction.

3. UPDATE: Cohort eligibility and operational status

[This resource](#) has been reviewed, with small revisions to add clarity to the Spring Booster page.

To confirm that currently, the PGDs and National Protocols only cover people who have attained 75 years of age, unless they are otherwise eligible as someone who is a resident of an older adult care home, or are 12 years or over and immunosuppressed.

Currently, if vaccinating an individual who is turning 75 by 30 June, but has not yet attained that age, a Patient Specific Direction would be required to vaccinate.

It also clarifies the immunosuppressed cohort who are eligible for a Spring Booster. When referring to Tables 3 and 4 of [Chapter 14a of the Green Book](#), it is only those rows of the Tables that detail individuals who may be immunosuppressed to whom the eligibility applies - it does not apply to the entirety of the conditions included in the whole of Tables 3 and 4.

Immunosuppression	<p>Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID).</p> <p>Individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil.</p> <p>Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults.</p> <p>Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma.</p> <p>Those who require long term immunosuppressive treatment for conditions including, but not limited to, systemic lupus erythematosus, rheumatoid arthritis, inflammatory bowel disease, scleroderma and psoriasis.</p> <p>Some immunosuppressed patients may have a suboptimal immunological response to the vaccine (see Immunosuppression and HIV).</p>
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Table 3: Individuals aged 16 years and over

Immunosuppression	<p>Immunosuppression due to disease or treatment, including:</p> <ul style="list-style-type: none"> • those undergoing chemotherapy or radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients • genetic disorders affecting the immune system (e.g. deficiencies of IRAK-4 or NEMO, complement disorder, SCID) • those with haematological malignancy, including leukaemia and lymphoma • those receiving immunosuppressive or immunomodulating biological therapy • those treated with or likely to be treated with high or moderate dose corticosteroids • those receiving any dose of non-biological oral immune modulating drugs e.g. methotrexate, azathioprine, 6-mercaptopurine or mycophenolate • those with auto-immune diseases who may require long term immunosuppressive treatments <p>Children who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy.</p>
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Table 4: Children and young people aged 5-15 years

4. NEW: 5-11 Year olds

4a) NEW: Recent infection and child vaccination

If your child has recently had a confirmed COVID-19 infection, vaccination with any dose should ideally be delayed by **12 weeks** from the date their symptoms started or from the date of a positive test, whichever was earlier. Children who are at risk from COVID-19 infection or live with someone who has a weakened immune system should have their vaccinations delayed by **4 weeks**. If your child had some symptoms but you are not sure if they had COVID-19, they should still attend for vaccination once their symptoms have resolved and you can discuss this with a healthcare professional when you attend.

Further guidance for sites will follow next week.

4b) NEW: Vaccinating 5-11-year-olds: record cards

When vaccinating 5-11-year-olds, please can you emphasise the importance of keeping the vaccination record card in a safe place. The vaccination record card provides the name of the vaccine, batch number and the date the vaccine was given.

Thank you for your help.

4c) NEW: Support for sites to implement the universal offer for 5-11 year olds

Access the recordings of two recent webinars aimed at sharing practice from sites already vaccinating this cohort;

1. The National Community Pharmacy webinar held on 9 March is available on NHS Futures [here](#). Topics covered included changes to the LES, next steps for spring/summer, spring boosters, vaccinating children and hearing from colleagues who are already providing the service; and
2. The Shared Learning Community Webinar hosted by the National Covid Vaccination Programme on 23 March is available [here](#). The webinar focused on sharing local examples and tips from sites who have launched vaccinations for the 5-11 at risk group and how this can inform the launch of children aged 5-11 years old who are not in a clinical risk group.

If you are not already signed up to NHS Futures, please go to 5.

<https://future.nhs.uk/about>

5. NEW: Guidance for COVID vaccination in care homes where there are cases and outbreaks

Background

There is clear evidence that those living in care homes for older adults (nursing & residential) have been disproportionately affected by COVID-19. Care homes have experienced outbreaks of COVID-19 since the beginning of the pandemic with risk of outbreaks tracking the level of infection in the wider community. Evidence strongly indicates that the single greatest risk of mortality from COVID-19 is increasing age and that the risk increases exponentially with age¹.

The Joint Committee on Vaccination and Immunisation (JCVI) have advised the **first** priority group for receipt of COVID vaccination are residents in care homes for older adults and their carers¹. This is to protect both residents and staff.

General principles

There should always be a presumption that COVID vaccine should be offered to older adults in care homes and their carers, with the aim of achieving high uptake as rapidly as possible. This includes when other residents have been diagnosed as having COVID-19 infection.

Whilst vaccination against COVID may be temporarily deferred in some individuals e.g. acutely unwell or still within four weeks of onset of COVID symptoms², **all** other staff and care home residents should receive prompt COVID vaccination. There is no evidence of any safety concerns from vaccinating individuals with a past history of COVID-19 infection, or with detectable COVID-19 antibody².

Considerations for vaccinating in care homes where there is an outbreak of COVID-19 infection

A number of factors will need to be considered before an immunisation team attends a care home. It is recommended that a risk assessment is carried out by the lead vaccinator and that this is performed in conjunction with the care home manager. If needed, advice should be sought from others such as the local health protection team³, CCG infection prevention and control lead and local Director of Public Health. If more than one visit is required to the home, e.g. to undertake mop up vaccinations, the risk assessment should be repeated.

Factors for consideration include but are not limited to the following.

1. Known or possible cases of COVID infection in the care home

In response to an outbreak of COVID-19 in a care home, standard procedure is to restrict visits as part of infection control. Before sending vaccination teams to the care home, a risk assessment must be undertaken to ascertain if there are currently any cases or suspected cases of COVID infection in the home. This should include for example the total number of cases/suspected cases, whether the outbreak is emerging or resolving, the ability of the home to adequately isolate cases or care for them in larger cohorts. This information will be available from the home, DPH and/or PHE Health Protection Team and via the Adult Social Care dashboard. This is available to Local Authorities via their Director of Adult Social Services. If there is a low number of cases and/or cases are well isolated from the wider population in the care home, then prompt vaccination of unaffected or recovered staff and residents should be planned.

2. The built environment and its adaptability for COVID vaccination

Working with the care home manager or nominated deputy, an assessment of the care home should be undertaken. This should include the ability to deliver vaccination safely considering the built environment and use of space and movement of staff and residents. For example, does the immunisation team need to access all areas of the care home, or can they confine their activity to a

specific area, ideally accessed using alternative routes from main thoroughfares? Can they establish an immunisation station(s) to which residents can be brought for vaccination? Can this be safely achieved without residents and staff transiting through affected areas of the home?

If it is not possible to establish an immunisation station, is there a plan for the movement of the immunisation team through the premises which minimises possible exposure to affected areas?

3. Infection Prevention and Control (IPC)

Follow the COVID-19 Infection Prevention and Control Guidance here which identifies the administrative, environmental and engineering interventions that are required to ensure safe systems of working. All staff should apply standard infection control precaution at all times in all settings

The personal protective equipment required will require a risk assessment: the current guidance states where contact with individuals is minimal, the need for single use PPE items for each encounter, for example, gloves and aprons is not necessary. Gloves and aprons are recommended when there is (anticipated) exposure to blood/body fluids or non-intact skin. Staff administering vaccinations/injections must apply hand hygiene between patients and wear a sessional facemask.

Has an IPC risk assessment of the activity and the individual resident/carer been carried out? For example, if those currently infected with COVID are adequately isolated, this reduces the risk of infection in other residents and the immunisation team and in turn supports immunisation of other residents and staff.

Risk assess individual HCW risk from COVID and exclude those at highest risk if possible. Are there any healthcare workers who for their own safety should avoid direct clinical contact with patients?

If possible, mitigate risks to HCWs going into the home by vaccinating them beforehand. Is it possible to utilise healthcare workers who themselves have been vaccinated against COVID? Are only the minimum number of healthcare workers required to undertake the vaccinations entering the home?

Visiting professionals to care homes are required to have been recently tested for infection with SARS-CoV-2 – information at Testing for care home staff and residents: a summary

(publishing.service.gov.uk) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/947780/Care_Home_Testing_Guidance_visual_v2212_-_3.pdf

4. Pre-assessment

Before visiting care homes to offer vaccination, teams should work with the care staff to ascertain which residents have the capacity to provide informed consent on the day of immunisation. For those who may not alternative arrangements will need to be in place such as best interests or lasting power of attorney?5

References

1. Independent report: Priority groups for coronavirus (COVID-19) vaccination: advice from the JCVI, 2 December 2020, updated 3 December 2020
<https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020>
2. Immunisation against infectious disease, COVID-19 chapter 14a
<https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>
3. Find your local health protection team in England <https://www.gov.uk/health-protection-team>
4. COVID-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
5. Health and social care workers: Mental Capacity Act decisions. How the Mental Capacity Act 2005 applies to health and social care staff.
<https://www.gov.uk/government/publications/health-and-social-care-workers-mental-capacity-act-decisions>

6. NEW: Vaccine Management Guidance

6a) NEW: Effective cold chain management of COVID-19 vaccines

All staff involved in handling COVID-19 vaccines, from supply logistics to vaccine administration, have a responsibility to ensure that cold chain processes are maintained. This is to safeguard the quality and efficacy of vaccines as well as to minimise the risk of vaccine wastage and secondary effects such as the need to re-vaccinate patients.

With the Easter Bank Holiday weekend in April, we would encourage sites to review their business continuity plans, ensuring robust plans to identify and manage with temperature excursions of stored vaccines in a timely manner.

Vaccination sites can access useful guidance from the Specialist Pharmacy Service to support [Cold chain management for COVID-19 vaccines](#). The [Green Book \(Chapter 3\)](#) also provides detailed guidance for maintaining the vaccine cold chain. This [self-audit tool](#) is available to help sites assess current

practice and identify the improvements that may be required to meet the essential standards for effective cold chain management processes.

6b) NEW: Disposal of expired vaccine

Following on from communication about collections of excess and unused Spikevax and Comirnaty 30 micrograms/dose Concentrate for Adults and Adolescents, we can confirm that all collections have now been completed. Sites are advised to dispose of any remaining expired vaccine in line with their usual expired vaccine disposal procedures.

All sites that have returned or disposed of expired vaccine locally should complete the following two actions in [Site Stock Manager](#) on Foundry as soon as possible. These actions must be completed on the same day.

- Create a **new stock take entry** for your returned/disposed of vaccine. This needs to be done for each returned batch, ensuring in the quantity field that you enter is zero ("0")
- Create a **new waste report** for your returned/locally disposed of vaccine
- (Site stock Manager à Waste [next to "Stock"]). You will need to create a separate entry for each batch number you returned/disposed of locally
- In the "Waste Reason" drop down menu select relevant reason and then enter the vaccine type, batch number, expiry and quantity (and specify if the quantity entered is measured in Doses or Vials)
- Then submit

Please note that you should only have one entry record for each batch of vaccine disposed.

6c) NEW: Introduction of Vaccine Linked Consumables Ordering on Ordering Platform

From Wednesday 30 March, vaccination sites will be able to order additional vaccine linked consumables via the Foundry Ordering Platform.

This new functionality will mean sites no longer need to email or call the customer service helpdesk and can instead order additional consumables they may need alongside their vaccine orders. Items that are now available to order on the Ordering Platform include combined needles and syringes (CNS), Sodium Chloride, Patient Information Leaflets and Steret Alcohol Wipes.

Sites should only need to place additional orders for linked consumables by exception, as items are sent out as standard alongside every vaccine order unless they have been specifically deselected by the site at the point of order. Exceptions could include a requirement to replace damaged goods, a

short in the consumables received with an order or a request for an additional type of CNS e.g., M/O needles.

A max cap has been applied to each consumable item available to order. Should an item be ordered, and the allocation is used up, a max cap increase would need to be requested via the Supply Planner before that item can be ordered again. These requests will be considered by the National team and in most cases will be approved immediately but there may be occasions when the National Ordering team needs to query the request, in which case they will contact the site directly to discuss.

Consumable orders will be delivered on a site's usual fixed delivery day, as long as the order has been placed before the standard order deadline of 08:00am two days before the delivery day.

The process for ordering consumables on the Ordering Platform is the same as for ordering vaccine.

A training video is available on the Ordering Platform if additional support is required. To access the training video, click the Training video button, which is located at the top of the Order Platform screen.

7. NEW: Infection Control measures in vaccination centres

The National Guidance for the management of Staff with COVID-19 symptoms in Health and social care settings can be found [here](#). This guidance remains unaltered.

Guidance for Health and Social care staff on COVID-19 symptoms can be found [here](#). This guidance was updated 24 Feb 2022 and reiterates the guidance that:

'Anyone who receives a positive LFD or PCR test result should stay at home and avoid contact with other people. There is no need to take a PCR test after a positive LFD test result. Health and social care staff with COVID-19 should not attend work until they have had 2 consecutive negative LFD test results (taken at least 24 hours apart), they feel well, and they do not have a high temperature.'

8. NEW: Spring Boosters now live on GP Covid Vaccine Dashboard

The GP Covid Vaccine Dashboard went live with Spring boosters on 22nd March. In addition to the dashboard flagging people who are immunosuppressed and who are due to have their boosters, the dashboard now also flags people who are 75+ and are eligible for a spring booster and includes spring booster due dates for those patients who've had their first booster.

For more information, see the [GP COVID-19 vaccine dashboard - NHS Digital](#)

9. NEW: Accessing lateral flow tests after 1 April 2022

NHS staff are advised to follow the portal instructions for ordering Lateral Flow Tests after April 1. Further guidance is expected and will be cascaded once it has been received.

Volunteer staff are advised to speak to their individual Vaccination centres in this immediate period after April 1. Further guidance is expected and will be cascaded once it has been received.

10. NEW/UPDATES: Workforce Support and Resources

10a) NEW: Workforce and training considerations to support Make Every Contact Count (MECC) intervention

Through the COVID-19 vaccination programme there is the opportunity to engage people in other health interventions to support wider population health. A training [guide](#) has been produced to support COVID-19 vaccination sites and lead employers with workforce and training requirements to support the implementation of MECC interventions on sites. This provides:

- An overview of the principles and training pathways required to support the implementation of Making Every Contact Count (MECC)
- An outline the training pathways which can be undertaken to support MECC

10b) REMINDER: £20m LVS funding workforce and training ends 31st March 2022

From 1st April 2022 the suspension of recharges to primary care for additionality of workforce to support the COVID-19 vaccination programme will cease and lead employers will need to ensure that there are the appropriate recharge mechanisms re-established for workforce being deployed to support primary care, community pharmacy and school aged immunisation service providers.

It is essential that any recharge arrangement is in accordance with HMRC requirements to charge VAT for workforce. Local recharge arrangements should not include overhead costs being charged to other NHS organisations as lead employers are able to reclaim any costs incurred through their monthly provider financial return.

The national contracts with St John Ambulance and NHS Volunteer Responders remain in place and workforce obtained through these contracts are at no cost to the service providers.

10c) REMINDER: SJA care homes offer for spring boosters

To support primary care with the administration of spring boosters to adult care home residents we have worked with St John Ambulance to create a volunteer offer that complements the Enhanced health and Care Home (EHCH) visits, to support the vaccination all eligible residents by the end of June. Details of which can be found [here](#)

Operating within the National Protocol, the standard model of support is for 3x SJA volunteer vaccinators to assist administration of vaccines under the clinical oversight of the registered healthcare professional.

5-days of notice is requested to allow rostering of volunteers. Requests for SJA support should be made using this [link](#) to the online booking request form.

Any questions please contact national.wfdeployment@nhs.net

10d) NEW: Guidance on readmission to permanent NMC register

There has been notification issued from the NMC on the temporary register will close on 30th September 2022. The following is the guidance that has been given by the NMC,

If you were previously on our permanent register, you can apply for readmission to our permanent register in line with our return to practice (RtP) standards and readmission process at any time during or after your temporary registration. It's strongly recommended that registrants don't wait until August or September 2022 to submit their application to readmit as we would not want any registrants to risk not being able to practice once the Temporary Register closes.

As part of your readmission application, you must demonstrate that you have either:

- completed 750 practice hours over 5 years
- completed 450 practice hours over 3 years
- completed a return to practice programme, or
- completed a test of competence

Any hours you have practised as a nurse or midwife on the temporary register will count as practice hours needed for readmission to the register, along with any other practising hours as a nurse or midwife while on the permanent register within the last 3 or 5 years. If you do not meet the required practice hours, you can either complete a return to practice programme or undertake a test of competence.

The application form (including supporting references) and instructions for this process are now available to download as a PDF from our website

<https://www.nmc.org.uk/news/coronavirus/temporary-registration/moving-to-full-registration/> . The instruction notes explain:

Please complete the application form providing information regarding your CPD, practice hours, employment information while on the temporary register and sign the declarations regarding your health and character.

References

You'll need three different referees, please do not use the same referee more than once:

- *Referee 1: a NMC registrant must complete the reference form attached which includes a supporting declaration of health and character (this declaration must be physically signed by your referee). This referee should: · be from the same part of the register as you are applying to join. For example, if you're applying to readmit as a nurse, your referee must also be a registered nurse, · have known you for at least one year in the last three years, and · have been in contact in the last six months.*
- *Referee 2: your employer will need to complete the relevant section on the application form. This should include a hand written signature, rather than an e-signature.*
- *Referee 3: on the application form, please enter the name and details of another person on our list of approved signatories (list attached) that you have known for a year out of the last three. Please note the following before submitting:*
- *All forms must include hand written signatures, please don't use e-signatures.*
- *Don't opt out of the temporary register until you have received confirmation that you have been successfully readmitted to the permanent register.*
- *This form should only be used if you are applying to move from the temporary register to the permanent register. The completed form should be returned as an attachment to Readmission@nmc-uk.org. We will assess the submitted application within 7-10 days. Any questions about the requirements or the process can be emailed to us Readmission@nmc-uk.org.*

11. REMINDER: Training and Resources

11a) UPDATE: Case studies

The COVID-19 Vaccination Programme Improvement Hub publishes [case studies](#) to share learning and improvement work across the programme.

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

11b) REMINDER: Useful Links

General queries email: england.pccovidvaccine@nhs.net

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](#)