



ICARS Newsletter

Issue 84: 15th 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: Administering the correct vaccine type

As described in Item 1 of the [Clinical Bulletin](#) dated 1 April 2022, the vaccine supply deployed in the programme during the Spring period will increasingly be Spikevax®. This vaccine will be used as the main booster vaccine for adult populations.

Comirnaty® 30micrograms/dose Concentrate for Adults and Adolescents can continue to be ordered for those individuals who are 12-17 years of age, or for those small number of adults that require completion of a primary course where the course was started with this vaccine.

As Spikevax® supplies increase, some clinics that were originally set up to use Comirnaty® 30micrograms/dose Concentrate may be changed to deliver Spikevax® vaccination instead. This may impact 16-17-year olds who have booked an appointment as well as those adults who have booked a second or third dose appointment. Vaccinating teams will need to decide how they will manage appointments that are already booked: to review lists, call individuals that may require Comirnaty® 30micrograms/dose Concentrate, to cancel or to handle each case as the individual arrives for their appointment.

Individuals who attend a walk-in clinic using Spikevax® may also require Comirnaty® 30micrograms/dose Concentrate for their vaccination.

It is important that vaccinating teams review their processes to ensure that they will be able to identify patients who may require Comirnaty® 30micrograms/dose Concentrate.

Individuals aged 12-17 years should only receive Comirnaty 30micrograms/dose Concentrate.

Adults who need to complete their primary course, having started with Comirnaty® 30micrograms/dose Concentrate, may be able to receive a follow up dose with Spikevax®, however this will need to be considered on a case by case basis by a clinician on site. Item 5 in this [Clinical Bulletin](#) from January 28 2022 provides more details.

If the individual cannot receive Comirnaty® 30micrograms/dose Concentrate at the clinic due to procedures to maintain safe vaccine handling, the individual should be advised to either come back at a time when the site is offering

vaccinations with Comirnaty® 30micrograms/dose Concentrate, or be signposted to a local site that does have a clinic running with this vaccine.

It is possible for sites to offer multiple vaccines, as long as there is separation of the vaccine by space or time. For small sites, this may involve setting up clinics with Spikevax® at times when the majority of footfall is likely to be for Spikevax® boosters, with after school or weekend appointments for individuals such as 16-17 year olds that require vaccination with Comirnaty® 30micrograms/dose Concentrate.

2. NEW/UPDATE: Moderna (Spikevax®) Protocol and Information

2a) UPDATE: Amendment to the recently revised Moderna (Spikevax®) National Protocol

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 on 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.

2b) NEW: Talking to patients about Moderna (Spikevax®)

Feedback to the Clinical Cell of the Vaccination Programme has been that a number of patients have asked specific questions regarding the Spikevax® (Moderna) vaccine.

As outlined in the [Green Book](#), Moderna vaccine gives high levels of cover against COVID-19 and broadly equivalent to Comirnaty® (Pfizer BioNTech) vaccine.

When explaining the use of the Spikevax® (Moderna) vaccine to patients, wording that some have found helpful, have been referring the Spikevax® (Moderna) vaccine as equivalent to Comirnaty® (Pfizer BioNTech) vaccine, that it has been through the same authorisation process and that the side effect profile is similar. Others have referred the Spikevax® (Moderna) vaccine as using the same technology as Comirnaty® (Pfizer BioNTech) vaccine, but manufactured by a different company. Irrespective, patients should, wherever possible and within

the guidance of the Green Book, be vaccinated using Spikevax® (Moderna) vaccine.

2c) 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.

3. NEW: COVID-19 Vaccination Eligibility and Operational Updates

3a) NEW: 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 are now live and the old documents will be removed. Vaccinating teams can now read the new versions, familiarise themselves with the amendments, and complete the authorisation process ready to use.

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.

3b) Eligibility for Spring Boosters

The eligibility criteria for Spring Boosters, as advised by [JCVI](#) and described in [Chapter 14a of the Green Book](#), is:

Adults aged 75 years and over

- Anyone who has attained the age of 75 years and has completed their primary course can receive a Spring Booster under the current PGD and National Protocol
- 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 and this would be based upon a clinician's professional judgment.

Residents in a care home for older adults

- All residents within Older Adult Care Homes should be vaccinated with Spring Boosters subject to the usual aspects which include consenting and checking eligibility. OACH as defined by CQC means there are residents who are 65+ present in the care home.
- There are some individuals in Non-Older Care Homes who are over 65 and therefore should be considered eligible for a spring booster – on the basis of equitability, operational flexibility and clinical judgement.
- Some local knowledge and judgement may be required. For example:
 - Where there are one or two individuals with a learning disability (LD) living in a home that is co-registered for LD and older adults, where there is clear mixing and interaction between all residents - vaccinate all as they are residents in a care home for older adults and are therefore eligible
 - Where the individuals with LD reside in a separate wing/floor or distinct buildings within a care home facility and are not resident in the older adult section of a care home - vaccination might not be appropriate
- JCVI have not advised that staff should receive a Spring Booster; eligibility for the Autumn vaccination programme is yet to be confirmed

Individuals aged 12 years and over who are immunosuppressed, as defined in the Green Book

- It is only those rows of Tables 3 and 4 of [Chapter 14a of the Green Book](#) which 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. See the [Clinical Bulletin dated 1 April](#) for more details.

3c) NEW: Cohort eligibility and operational status

[This resource](#) has been reviewed, with revisions to reflect vaccination offers opening up to children aged 5-11 who are not in a clinical risk group. There are also small amendments to reflect the updated guidance about vaccination post COVID-19 infection, as detailed in the [Green Book Chapter 14a](#) and in item 1 of this bulletin.

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.

3d) NEW: Attending for vaccination after a recent COVID-19 infection

Recent changes to national guidance regarding testing for COVID-19 has given rise to questions about the importance of deferring COVID-19 vaccination after a recent infection. [Chapter 14a](#) of the Green Book has recently been revised to support decision making about when to vaccinate and when to defer.

In line with the approach to all vaccinations, ***individuals should not attend for vaccination if they are unwell*** and vaccination should be deferred.

Where it is strongly believed or known that the individual had a recent COVID-19 infection (e.g. they had a positive test, or the individual had symptoms and did not test but a close contact did test positive) then they should defer vaccination. This deferral is for 4 weeks for all adults and for those children and young people in a risk group, or 12 weeks for children and young people not in a risk group. This deferral timeframe will start from the date their symptoms started or from the date of a positive test, whichever was earlier.

Where an individual has recovered from a recent illness which they think was probably not COVID-19, or if aren't sure if they had COVID-19, they may present for vaccination once their symptoms have resolved. Clinical judgement should be applied to assess if COVID-19 infection was probable based on duration and severity of symptoms and where there has been contact with known infection. If COVID-19 infection was probable, then vaccination should be deferred. Where it is unclear or COVID-19 infection is unlikely, then proceeding to vaccination carries low risk and it is reasonable to vaccinate.

The following information may be helpful for clinical teams when taking a case by case decision on whether to vaccinate or defer in the absence of certainty that the individual had a recent COVID-19 infection.

- The longer deferral period for those children and young people not in a risk group is based on a theoretical risk that adverse effects such as myocarditis or pericarditis may be higher if vaccination is given during a

period of COVID-19 infection. This theoretical assumption has not yet been widely supported by evidence in practice.

- It is anticipated that as levels of testing decrease and the breadth of COVID-19 symptoms expand, it will become increasingly difficult to differentiate between other circulating respiratory tract infections and COVID-19. This is particularly likely in children who generally have relatively frequent upper respiratory tract infections. A permissive approach to vaccination may be necessary for individuals who are clinically stable and well, for whom it is not clear if they had a recent infection with COVID-19.

3e) NEW: Managing multiple COVID-19 vaccines safely in practice at smaller vaccination sites

It is possible to manage the delivery of more than one vaccine from a small vaccination site, where the safe principles for practice are implemented and risk of errors have been considered and mitigated.

The Specialist Pharmacy Service (SPS) has prepared information relating to the use of COVID-19 vaccines including guidance on how to reduce the risk of errors where multiple vaccine types are available. Local systems and vaccination sites can access the full suite of resources available to support necessary risk assessments and the implementation of multiple vaccines [here](#).

A critical safety goal of the vaccination programme is ensuring the right vaccine is administered to the right patient. Sites should therefore consider how best to implement clear separation of vaccine sessions by either time (separate sessions) or space (separate area) and a plan to reduce risk of errors and the wrong vaccine being administered.

It is acknowledged that physical space can be a challenge at smaller vaccination sites. Therefore, separation in time i.e. separate sessions/dedicated clinics on set days, is suggested in these scenarios. For example, having alternative days with Comirnaty® 30microgram/dose Concentrate/Spikevax® or dedicated Morning/Afternoon session with one vaccine in operation is recommended.

This may impact a site's ability to accept walk-in requests for vaccination – where the patient presenting is not eligible for the vaccine in use on that specific day or session. Sites should ensure they have clear procedures in place to ask patients to return at an appropriate time when the vaccine deployed on site is suitable, or to signpost to another site locally which is delivering the vaccine required.

It should be noted that a patient who presents as a walk-in may well be eligible to complete their vaccination schedule using a heterologous (different) vaccine course and therefore sites should assess and manage on a case by case basis. More information on heterologous schedules can be found [here](#) and see item 3 of the bulletin.

Case study examples where use of multiple vaccines in small vaccination sites has been implemented successfully will be available [here](#) shortly.

3f) NEW: Consent in residential care homes

Revised operational guidance for care homes was published in December 2021. We'd like to remind all staff involved in arranging and conducting visits to residential settings about the importance of assessing capacity and obtaining informed consent before proceeding.

Detailed information is included in slides 14-18 of the guidance [here](#) for younger adults and slides 11-15 of the guidance [here](#) for older adults. Some of the key points are as follows:

- Consent can only be obtained by a registered healthcare professional
- People must have full capacity to be able to give fully informed consent voluntarily
- Consent needs to be obtained at the start of a course of vaccinations and the individual's willingness to continue, and their capacity to do so, needs to be checked on each occasion before a subsequent dose is given
- Informed consent should be recorded on Point of Care (PoC) systems at the time of vaccination. If an individual lacks capacity, any "Best Interests" decision must also be recorded in their notes
- Any and all decisions related to consent must be communicated to all members of the vaccinating team.

4. NEW: Vaccination of 5-11-year olds Updates

4a) NEW: Supporting the launch of the 5-11 universal offer

A summary of initial learning and top tips from the 5-11 Clinically Extremely Vulnerable launch is available [here](#) to improve services for this cohort and support the launch of the children aged 5-11 years old who are not in a clinical risk group.

The recording of the 23 March webinar to share learning from the launch of the 5-11 at risk is now available [here](#).

Presentations on pre vaccination triage, use of play specialists in design and delivery of vaccination services and safeguarding are included in the webinar. Locally developed supporting resources are also available [here](#).

4b) NEW: Walk in Appointments for the 5-11 group

Children within the 5-11 universal group can receive vaccination for their 1st and 2nd through a walk in appointment. The [NBS website](#) provides information to children and parents about what can be supported in a walk in appointment and how to find a site in their area which will support walk in appointments. Sites vaccinating the 5-11 group should ensure that they are able to support walk in appointments for this group.

4c) Overseas vaccinations recording service now open to children aged 5 and above

Children aged 5 and above with an NHS number who have had 1 or more COVID-19 vaccinations outside of England can now have them recorded in the National Immunisation Management System (NIMS).

Appointments can be booked on the [National Booking Service](#) to show evidence of their vaccinations.

An updated list of approved vaccines can be found on the booking page.

4d) NEW: COVID-19 Vaccination for 5-11 year olds – National Booking System (NBS) calendar capacity and National Walk-In Site Finder capacity

Since 4th April 2022 children not in a clinical risk group aged between 5-11 year olds have been eligible to receive their Covid-19 vaccination. NBS is being used to allow sites to open their calendars for this cohort.

We are asking all providers assured to vaccinate eligible children aged 5-11 year olds, to ensure availability through the National Booking System (NBS) to support uptake in this cohort. Sites opting in to provide 5-11 year olds coverage without open NBS calendars should be requested to open NBS calendars. Regions are responsible for ensuring sites deliver minimum contractual requirements.

Current Joint Committee of Vaccination and Immunisation (JCVI) advice for children and young people aged 5-11 year olds is:

Cohort Description	Recommended Doses	Recommended interval from preceding dose	NBS booking option
5 – 11 year olds 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 at 12 weeks on NBS
5 – 11 year olds not in a clinical risk group	Primary Course Dose 1	N/A	Yes
	Primary Course Dose 2	12 weeks	Yes

We will be sending this cascade daily this week and are working towards sharing this information on Futures going forward.

Please ensure site level capacity allows for walk-ins for those presenting with a letter of eligibility.

4e) NEW: Operational site onboarding for Children aged 5-11 years old who are not in a clinical risk group

Systems are reminded they should go through their regional teams to gain national support for site onboarding for children aged 5-11 years old who are not in a clinical risk group.

For sites already assured for and delivering vaccinations to 5-11 year olds at risk, no further assurance activities are required.

Regions are required to continue to assure using the relevant checklists for this age cohort, and submit for each delivery model as follows:

- CP – mark relevant Foundry assurance question (no return required).
- PCN – resubmit the system planning template to: necsu.lvsfoundrydata@nhs.net. Please note that if a PCN site is not currently on NBS and wishes to be we need confirmation in the return of the nominated IT user, otherwise an account cannot be set up.
- VC – submit a Change Notification Form and assurances to England.vc.planassure@nhs.net.
- HH/HH+ - return the Comirnaty 10 assurances (and relevant documentation including NBS bulk upload form if converting to HH+ for NBS bookings) should be sent to c19vaccination.dephospital@nhs.net.

For the next two weeks the national Control Tower will meet daily, Monday to Friday. Regions should submit onboarding requests using the above email address before midday for Control Tower consideration.

5. NEW: Vaccinating people who are pregnant, in the perinatal period, breastfeeding or of child-bearing age updates

5a) NEW: COVID-19 vaccination during the perinatal period and for women of child-bearing age

It is still important that we continue to encourage pregnant women to have their first, second and booster doses of the COVID-19 vaccine if they have not already done so, to protect themselves and their baby.

The following are some of the examples of how systems are implementing different best practice approaches to ensure pregnant women and people can access information, ask questions, and be vaccinated against COVID-19.

- **Worcestershire and Herefordshire:** [Worcester Acute Hospitals](#) offers weekly drop-in vaccination sessions within antenatal clinics at three sites. Appointments can also be booked. Weekly [Women's Hour](#) sessions are held at mass vaccination centres with female staff able to answer questions about vaccine and pregnancy.
- **Leicester, Leicestershire and Rutland:** Staff hosted a Q&A with an expert panel and [11 short videos](#) with midwifery, obstetrics and gynaecology staff addressing top questions were shared via social media and online. Posters, videos, and leaflets are displayed in maternity wards with pregnancy and COVID-19 vaccine videos developed for antenatal clinic waiting rooms.
- **South East London:** A bespoke [COVID-19 vaccination website](#) provides information, resources and recordings from webinar and Q&A sessions addressing common questions about vaccine, pregnancy and fertility. People can also book a conversation with a clinician or use an automated phonenumber.

A full vaccine equalities guide will be available next week.

5b) NEW: Summary of Product Characteristics updates related to pregnancy and breastfeeding

There have been some key changes within the Summary of Product Characteristics (SPC) for Comirnaty 30 micrograms/dose Concentrate, [Comirnaty 10 micrograms/dose Concentrate](#) and [Spikevax](#) for pregnancy and breast feeding. **The licensed information for these products now explicitly states that Comirnaty and Spikevax can be used during both pregnancy and breastfeeding.** Clinical teams may find this information helpful when supporting women during a shared decision-making discussion.

Below are the changes within the SPC for Comirnaty 30 micrograms/dose Concentrate, Comirnaty 10 micrograms/dose Concentrate and Spikevax;

Pregnancy

“A large amount of observational data from pregnant women vaccinated with Comirnaty/Spikevax during the second and third trimester have not shown an increase in adverse pregnancy outcomes. While data on pregnancy outcomes following vaccination during the first trimester are presently limited, no increased risk for miscarriage has been seen. Animal studies do not indicate direct or indirect harmful effects with respect to pregnancy, embryo/foetal development, parturition or post-natal development. Comirnaty/Spikevax can be used during pregnancy”.

Breast-feeding

“No effects on the breastfed newborn/infant are anticipated since the systemic exposure of breastfeeding woman to Comirnaty/Spikevax is negligible. Observational data from women who were breastfeeding after vaccination have not shown a risk for adverse effects in breastfed newborns/infants. Comirnaty/Spikevax can be used during breastfeeding”.

6. NEW: Vaccination resources including migrant catch up, routine immunisation and COVID-19 in Ukrainian and Russian

[Advice and guidance](#) is available on the health needs of migrant patients from Ukraine for healthcare practitioners.

New to the UK vaccination [leaflet](#) for migrants

This information is for anyone who has moved to the UK and advises them on the need to register with a GP to get up to date with their routine vaccinations. It explains the vaccines that at-risk people with health conditions, pregnant women, infants, children and older adults need and the diseases this will help protect them from. It also signposts to the health services and where to get assistance and how to use the services. Available in multiple languages, including [Russian](#) and [Ukrainian](#).

Paper copies of this [leaflet in English are available to order](#) for free.

Translated versions are available to download or print locally in the following languages:

[Albanian](#), [Arabic](#), [Bengali](#), [Chinese \(simplified\)](#), [Chinese \(traditional\)](#), [Farsi](#), [Kurdish](#), [Panjabi](#), [Pashto](#), [Portuguese](#), [Romanian](#), [Romany](#), [Russian](#), [Somali](#), [Spanish](#), [Tigrinya](#), [Turkish](#), [Ukrainian](#) and [Urdu](#).

MMR for all [leaflet](#) – measles, mumps and rubella

[Ukrainian](#): Download only

TB, BCG and your baby [leaflet](#)

[Ukrainian](#): Download only

COVID-19 vaccination programme resources

UK Health Security Agency (UKHSA) also have the COVID-19 vaccination programme resources for adults, pregnant women, children aged 12 to 17 and boosters, available in Russian and Ukrainian, to download or order as paper copies.

- COVID-19 vaccination for people with a weakened immune system [leaflet](#) [Russian](#) and [Ukrainian](#)
- COVID-19 vaccination: spring booster [resources](#) [Russian](#) and [Ukrainian](#)

- COVID-19 vaccination: [guide](#) for older adults
[Russian](#) and [Ukrainian](#)
- COVID-19 vaccination: easy read [resources](#), including what to expect
All available in Russian and Ukrainian
- COVID-19 vaccination: Easy read guide for pregnant, childbearing or breastfeeding women
[Russian](#) and [Ukrainian](#)
- COVID-19 vaccination: [guides](#) for children aged 12 to 17 years
All available in Russian and Ukrainian.
- COVID-19 vaccination: [guides](#) for parents and carers of children aged 5 to 11 years
All available in Russian and Ukrainian.

7. NEW: COVID-19 Vaccination Administration and Equipment Updates

7a) NEW: Combined needles and syringes for the COVID19 vaccine administration

If a site experiences an issue with any combined needles and syringes associated with the COVID19 vaccine programme they should be reported as follows;

- Notify COVID19PHEsupplies@phe.gov.uk so an investigation can be opened with manufacturer
- Raise a Yellow card to MHRA
- If appropriate notify NVOC via the SVOC/RVOC route.

7b) NEW: Fridge faults affecting vaccine supply for all models of delivery

Where a fridge fault affects vaccine supply site should follow these steps.

- report to ICARS team england.swicars@nhs.net copying in england.swcovid191-voc@nhs.net
- report the fridge to NVOC Helpdesk so a replacement can be ordered **Email:** england.c19vaccs-EECLhelpdesk@nhs.net
- report via the Foundry system/one care with batch numbers.

The relevant SOP is

at <https://www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-management-of-covid-19-vaccination-clinical-incidents-and-enquiries/>

7c) Effective Cold Chain Management of COVID-19 Vaccines - preparing for bank holidays

As detailed in the [Clinical Bulletin dated 1 April](#), with the forthcoming Easter Bank Holiday weekend, we would encourage all sites to review their business continuity plans, ensuring robust plans to identify and manage with temperature excursions of stored vaccines in a timely manner. This is to safeguard the quality and efficacy of vaccines as well as to minimise the risk of vaccine wastage.

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.

7d) NEW: Key Learning re cold chain incidents

With the vaccination programme operating at such a high level all settings should remain familiar with best practise and the processes for maintaining the cold chain.

Key points to consider include:

- ensure daily monitoring occurs on all days vaccine is held in the fridge
- check that your data logger has an SD card, or equivalent functionality, and be prepared to download data when you report a cold chain incident
- ensure named individuals are identified each day to be responsible for stock monitoring and cold chain management
- keep clear records and have visible aide memoires as needed to ensure expiry times are not exceeded.

If you experience a cold chain or any other clinical incident report it promptly to ICARS england.swicars@nhs.net and they will support your investigation and any mutual aid required for vaccine supply.

7e) Optimising use of data loggers

All vaccination sites should monitor fridge temperature history on a regular basis to avoid cold chain breeches. This can either be done via the integrated data logger within your fridge or via an independent monitoring unit.

On a weekly basis, it is advisable to review the data, check that data loggers are operating correctly and to reset them. Some data logger units will only hold a set amount of data and once full will stop recording until the unit has been reset.

Please ensure you follow all the correct cold chain management processes to eliminate the risk of a cold chain breach occurring, in addition to using data loggers. SPS resources about Cold Chain management are available [here](#). A Cold Chain Management Audit Tool is available [here](#) and can support sites in identifying areas of good practice as well as improvements.

If your vaccination site does not already have an integrated logger within your fridge or an independent monitor, then these can be ordered via the NVOC EECL Helpdesk. Contact details are england.c19vaccs-EECLhelpdesk@nhs.net or Telephone 0800 015 7707. Ordered data-loggers will be shipped with your next standard consumables replenishment and delivered on your standard delivery day.

Please refer to the refrigeration unit's manual for full specifications. The manuals for all fridges, which have been supplied by the national programme, can be obtained from the NHS Futures Supply and Delivery Hub [here](#).

7f) UPDATE: Updated NVOC Escalation Guidance

Please find attached up-to-date guidance for vaccination sites on escalating issues and incidents:

- NVOC EECL Escalation Guidance – details the process for escalating EECL queries to NVOC via SVOC/RVOC
- SBAR form – to be completed for all security incidents
- Specific Query Template – to be completed for raising queries to the EECL Helpdesk (can also be used to raise queries to NVOC, but is not required)
- Vaccine Booking Service form – use to raise concerns about specific advice given by 119 call centre staff (vaccine bookings, VDRS, or Covid Pass).

Please also note the below information on ordering vaccine linked consumables, as cascaded last week in the LVS and VC updates:

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.

7g) Infection Control measures in vaccination centres

The National Guidance for the management of Staff in Health and Social care settings can be found [here](#). The guidance was updated 15 March 2022 and remains unaltered.

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

'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.'

7h) NEW: Introduction of Vaccine Linked Consumables Ordering on Ordering Platform

From Wednesday 30 March, vaccination sites have been 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.

8. NEW: Workforce Support and Resources

8a) REMINDER: Community pharmacy toolkit

Community pharmacies continue to play an ever-increasing role in support of the delivery of the COVID-19 and flu vaccination programme. [An operational toolkit](#) is designed for community pharmacy leads to use as a practical guide that:

- supports the implementation of the national protocol as recommended legal mechanism of delivery, outlining the key benefits and how it can be maximised
- addresses common challenges around the operating model and provides alternative solutions to support optimisation of workforce and flow
- details the workforce support available from the lead employer
- provides guidance on how community pharmacies can access draw down from national workforce supply routes to access volunteers

8b) NEW: Case study - Using the National Protocol to ease pressure on workforce

Working under the national protocol allows the tasks of the vaccination process to be broken down which means a greater range of staff can be used in the delivery model. This includes unregistered staff such as trained vaccinators provided by St John Ambulance who can dilute, draw up and administer the vaccinations freeing up registered health care professionals.

As primary care sites are focusing on delivery of business as usual activity and clearing there continues to be a demand for registered staff to work in all areas however this is where the national protocol has played a key role in creating greater capacity through the introduction of volunteers within workforce models.

We know that primary care staff have faced a long and challenging period and with the spring booster campaign underway, there is now an opportunity to consider how trained unregistered staff can support your phase 3 vaccination programme if they are not already.

Salt Hill PCN Site, Frimley, South East Region began delivering the vaccine programme in December 2020 with the majority of vaccinations originally being delivered by registered clinicians but needed to free up registered staff to deliver BAU, prevent staff exhaustion whilst also increasing the delivery of the vaccine to more patients. Following a pilot the team have seen that the training and investment in unregistered staff has brought real benefits, they have increased their efficiency with less reliance on clinical staff in certain areas. You can read more about their experience [here](#).

“National protocol has been a lifeline to help ease our workforce pressures. We are in unprecedented circumstances and it was important that we try new ways of working and the national protocol has helped us to ensure our registered workforce was able to continue with BAU primary care activities as well as increase the number of vaccines we could deliver.” - Samreen Raja – Programme Lead (Frimley ICS)

8c) REMINDER: Workforce helpline 0800 015 7707 – live

To support the workforce challenges facing vaccination sites, a COVID-19 vaccination workforce helpline was established in January 2022 to assist sites and 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 [here](#).

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.

8d) Accessing Lateral Flow Tests after April 1 2022

A [system letter](#) was issued on 30 March 2022, detailing how Lateral Flow Devices (LFD) tests will continue to be available through the [gov.uk portal](#) for NHS staff working in a '*patient-facing role.*'

A further letter, updated 6 April, expands on the definition of 'patient-facing' including:

'Individuals working in non-clinical ancillary roles who enter areas which are utilised for the provision of primary care activity as part of their role and who may have social contact with patients, but not directly involved in patient care (e.g., receptionists, ward clerks, porters, and cleaners), regardless of contracted hours or working arrangements. All honorary, voluntary, locum, bank and agency workers, independent contractors, students/trainees over 18, and any other temporary workers are also in scope. For clarity, all primary care contractors are included in this definition.'

8e) NEW: EECL Helpdesk Update – Accessing ETA Information

From 18 April 2022, the EECL Helpdesk will no longer be providing delivery ETA information.

Please find below guidance about how to view your delivery ETA information on Foundry.

If you do not have access to Foundry or require any further support in finding your ETA information, please raise this with your System Vaccination Operations Centre (SVOC) in the first instance.

How to navigate the Delivery ETA Report page on Foundry

1. Go to the Delivery ETAs Report page on Foundry here: <https://ppds.palantirfoundry.co.uk/workspace/report/ri.report.main.report.1611d5a1-b061-41fa-9152-57b97ae9d805>
2. There are six tables displayed on this page – see below descriptions of the information in each table.
 - **Table 1 – Vaccine Delivery Over View** – if data is showing then the site **is** due to get a delivery of vaccine related items. It confirms date of delivery and number of different SKUs.
 - **Table 2 – Consumables Delivery Overview** – if data is showing then the site **is** due to get a delivery of non-vaccine consumables.
 - **Table 3 – Vaccine Deliveries Breakdown** – if there is data in Table 1 there will be a breakdown listed here **including the delivery ETA**. You may need to scroll to see some columns.
 - **Table 4 – DHL Deliveries Breakdown** – if there is data in Table 2 there will a breakdown listed here.

• **Table 5 and 6 – Hot Redirects** – these tables list the site contact details that redirected deliveries are sent to, if required.

- o Table 5: sites that Alloga delivers to.
- o Table 6: sites that AAH / McKesson delivers to.

Note: ETA information will be displayed on this page from **the day prior to the delivery**. Sites should only see information related to their own site.

8f) NEW: Closure of the Temporary Nursing & Midwifery Council (NMC) Register

The temporary NMC register is due to close in September. We have worked with the NMC to clarify the steps that staff need to take if they wish to transfer from the temporary register to the permanent register. We strongly advise any staff wishing to make the transition to apply soon as this will allow as much time as possible for their application to be processed.

If you were previously on the NMC permanent register, you can apply for readmission to the Permanent Register in line with their return to practice (RtP) standards and readmission process at any time during or after your temporary registration. The NMC strongly recommend that you don't wait until August or September 2022 to submit your application to readmit as the NMC 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 the NMC [website](#).

The instruction notes explain (the following is an extract):

Please complete the application form providing information regarding your Continuing Professional Development (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 which includes a supporting declaration of health and character (this declaration must be physically signed by your referee). This referee should:
 - o 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,
 - o have known you for at least one year in the last three years, and
 - o 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 handwritten 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 that you have known for a year out of the last three.

Please note the following before submitting:

- All forms must include handwritten 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. They will assess the submitted application within 7-10 days.

Any questions about the requirements or the process can be emailed to the NMC at Readmission@nmc-uk.org.

8g) NEW: Vaccination Centre Site Change Notification Forms are changing

From **Monday 18th April 2022** the process for regions to notify the national team of new vaccination centres opening, hibernating, closing or relocating is changing. From this date site changes will need to be made using a dedicated webform. The excel or PowerPoint change notification form will no longer be accepted. The new vaccination centre process and form are changing so they are

the same as the one currently in place since October 2021 for Primary Care Networks and Community Pharmacies. Creating a standardised and efficient way of requesting national support for site changes.

The national team have contacted regional vaccination centre leads to arrange training for the people who will be 'submitters' and 'approvers' of the requests. Each region can have up to 12 users and up to 4 approvers. If you are in a region and have not heard from the national team or been invited to a training session please contact england.vc.planassure@nhs.net as soon as possible so your regional accounts can be set up before the go-live date.

9. NEW: Shared Learning, Webinars and Case Studies

9a) NEW: Shared Learning

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.

The recording of the shared learning webinar held on Wednesday 23 March 'Learning from the launch of the '5-11 year olds at-risk' (including links to additional resources), is available to [view](#) on the Improvement Hub.

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

9b) NEW: Online course for process improvement coming soon

A free online course helping health and care staff to improve processes to free up clinical time and reduce avoidable delays is to open soon.

The [Lean Fundamentals](#) online programme is the first of its kind in the NHS. It introduces foundational Lean concepts and tools through a practical, structured learning-in-action approach that can be applied immediately.

The programme, led by NHS England and NHS Improvement, has been developed by experienced Lean practitioners and technology-enhanced-learning experts. It comprises six, one-hour content modules available 24/7 over an eight-week period to support operational managers to implement rapid process improvement in dynamic situations.

The programme covers:

- *Course induction*
- *Improvement Kata Introduction*
- *Introduction to Lean*

- *The Building Blocks of Processes*
- *The Flows of Healthcare*
- *Workplace Organisation*
- *Pursuing Perfection*

The course will be running from 9 May to 3 July.

To participate in the course, you will need to be registered on our [QI Learning Platform](#) and enrolled on the course.

If you experience any technical difficulties, or have any questions or queries throughout your learning journey, please do not hesitate to email at england.mixedmethods@nhs.net

9c) NEW: 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.

9d) NEW: Vaccination programme shared learning community webinar

The recording of the shared learning webinar held on Wednesday 23 March 'Learning from the launch of the 5-11s at-risk' (including links to additional resources), is available to [view](#) on the Improvement Hub.

The next webinar will take place on Wednesday 20 April at 2:00pm, discussing **Supporting Immunosuppressed: Spring Boosters**. Please see the Improvement Hub calendar for further details or register for the event [here](#)

The recording of the shared learning webinar held on Wednesday 6 April 'Our health and wellbeing during uncertain times,' including links to additional resources, is available to [view](#) on the Improvement Hub.

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

9e) REMINDER: 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

[COVID-19 Vaccination Improvement Hub](#)