

Guidance on ‘pausing’ LVS, HH/HH+ and VC sites

29 April 2022

1. Background

1.1 From April to September 2022 we consider that vaccination sites will be either:

Site type	Definition	Action required
Active sites	<p>Sites continuing to vaccinate even at low levels of activity.</p> <p>Active sites may subsequently close/pause to meet system needs.</p> <p>By exception, requests for new sites can be made via existing processes.</p>	<p>Notification to the national team via system planning returns.</p> <p>Ongoing changes, eg to site location to be picked up via existing change control processes.</p>
Closed sites	<p>Sites not continuing to vaccinate.</p> <p>LVS sites have contracts terminated.</p> <p>Linked pop up/satellite sites will also close.</p>	<p>Notification to the national team via existing delivery model closure processes.</p>
Paused sites	<p>Sites stopping vaccinating in the short term but wishing to remain in the programme to support a surge scenario or pending a decision on longer-term participation.</p> <p>Linked pop up/satellite sites will also be paused on NBS.</p>	<p>Details on the parameters and actions required are outlined in section 2 and 3.</p> <p>NB – paused sites are not guaranteed of inclusion in the programme post September</p>

- 1.2 The Enhanced Service and Local Enhanced Service have been updated to extend services in LVS sites until 30 September 2022 and to enable commissioners to require a PCN or CP-led site to pause in circumstances where:
- there is likely to be unacceptable vaccine wastage,
 - there is insufficient patient demand to retain the site as active, or
 - where the site does not represent value for money.
- 1.3 Commissioners and providers should mutually agree which sites will pause. Commissioners should consider representations from PCN groupings and/or pharmacy contractors on why sites should continue to operate. Where there is a dispute and all possible options have been exhausted, matters can be escalated for a final decision to the NHS England regional team (PCN led sites) or to the relevant national vaccination programme team (HH/HH+, VC and CP-led sites).
- 1.4 Site pause and reactivation should not be considered a short-term solution, but a longer-term option for managing system capacity.

2. Principles for pausing sites

- 2.1 Sites will cease all vaccination activity from the agreed date of pause. No vaccine should be administered in any circumstances unless the site is reactivated by the commissioner.
- 2.2 The site will not receive further vaccine supply. Any remaining vaccine must be transferred by mutual aid to another site with support from the region/system and following MHRA guidelines, to ensure minimal wastage.
- 2.3 LVS sites should only be paused (rather than closed) where the site is in NHS or public sector premises unless exceptional circumstances apply or in the interests of value for money. LVS sites in non-NHS estate wishing to pause should move to an NHS site prior to pausing with leases terminated on the non-NHS site, if moving from a non-NHS site is appropriate for the location population.¹
- 2.4 Commissioners should consider representations on why sites, including VC sites, should continue to operate non-NHS estate. Operational requirements and commercial contracts should be reviewed as part of the VFM exercise.²

¹ Information about vacant NHS estate can be found via the SHAPE planning tool. Further enquiries can be made via the national estates team at england.vc.estates@nhs.net.

² The [VC hibernation checklist](#) is available on FutureNHS.

- 2.5 Lists of active sites and a single point of contact must be made available by systems to providers to support signposting of unvaccinated patients.
- 2.6 Sites will be marked as 'inactive/hibernating' on Foundry and Tech and Data/Immform/SPL/supply accounts de-activated, with sites removed from the fixed delivery schedule for the period of pause. MYS accounts will remain open with the current users attached. LVS contracts will not be terminated.
- 2.7 For sites in NHS estates, standard inventory list (SIL) and non-clinical IT kit will remain on site unless the regional team agree to manage storage. LVS sites pausing in non-NHS premises will have equipment recovered unless it can be safely stored by an LVS provider. Please note this will impact stand-up timeframes in future.
- 2.8 No additional funding will be paid to a site while pausing. In exceptional circumstances funding could be approved through the reasonable additional costs where, for example, there is a need for equipment storage and/or insurance that cannot be stored locally within NHS estate. This process should also be used for remedial work to return premises to usual use where adjustments were made.
- 2.9 Sites will be expected to stand up at pace (within 5–10 days) when required, with the agreement of the local commissioner.

3. Process for pausing sites

- 3.1 Regional teams should share indicatively which sites are interested in pausing on system planning returns (due end of April). A separate spreadsheet (pre-populated with this information) will be shared with regional colleagues so they can confirm by return where a site pause has been formally agreed in a bulk process and provide the following information:
 - Date of site pause
 - Reason for site pause
 - NHS or non-NHS site location (if the latter a rationale and outcome of the VFM exercise for pausing rather than closing the site is required)
 - Site's point of care provider
 - Whether the site is on NBS (PCN sites only)
 - Details of any associated pop ups/satellites (on NBS)
 - Confirmation that alternative coverage is in place (eg for eligible patients from HH).

3.2 A bulk process will run until future site pause requests are expected by exception when we will switch to using established change control process.

4. Next steps for pausing sites

4.1 Once the above process has been completed, paused sites will need to:

- complete a form to confirm the non-clinical IT kit and SIL items which they will retain/put into storage
- maintain all SIL and non-clinical IT kit which is being stored on site ready for reactivation or redeployment later in the programme
- work with their local system to ensure any remaining vaccine is transferred to an active site under existing mutual aid processes
- ensure that final vaccination events are recorded in point of care systems within seven days of the vaccination event
- ensure that payment declarations have been made up to the point of pause.

5. Reactivating sites

5.1 Reactivation of a site should take place following both site and local commissioner agreement, taking into consideration:

- Current uptake rates and remaining unvaccinated cohorts in relation to capacity of active sites/potential to increase capacity at these sites.
- Site location/premises readiness (considering access and inequalities).
- Workforce availability.
- Access to relevant tech and data systems.
- Access to necessary SIL and non-clinical IT kit.
- Ability of site to deliver alongside business as usual service provision.
- Vaccine allocation and vaccine wastage impacts.

5.2 Once reactivation is agreed regional colleagues should notify the national team via the change control portal (LVS and VC sites) or the normal change process (HH/HH+ sites). In the event of a surge scenario we will consider whether a bulk process can be implemented.

- 5.3 It will take **c.5 working days from the date a site reactivation is approved** to reinstate access to relevant Tech and Data accounts and manage IT installation; and **c.10 working days to get a site back on the fixed delivery schedule.**
- 5.4 Site assurances must be completed and updated on Foundry where applicable before a site can recommence vaccinating.
- 5.5 There will likely be a max cap on the number of sites which can be reactivated each week which should be factored into system planning.