

ICARS Newsletter

Immunisation Clinical Advice & Response Service



Issue 97: 22nd July 2022

PLEASE SHARE THIS NEWSLETTERS WITH ALL RELEVANT STAFF INVOLVED WITH THE VACCINATION PROGRAMME

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

Please note that this service operates 9am-5pm Monday to Friday

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NEW: Expressions of interest to support the future design of COVID and other vaccination deployment models

The NHS is developing a commissioning framework to enable an integrated approach to vaccinations in 2023/24. This will help to determine the right provider mix and deployment model for an integrated strategy for all NHS immunisation programmes.

The NHS is asking suitable, qualified and competent suppliers to indicate willingness to participate in a market engagement process by reviewing the recently published prior information notice (PIN), found

here: <https://www.contractsfinder.service.gov.uk/Notice/fa239b0c-37a2-43e2-aac4-3d2e213e6d3f>

We want to hear a wide range of views, including from those who have not to date been contracted to supply vaccination services, to help determine the right provider mix and deployment model and would be pleased to receive your views via the market engagement progress by **30 September 2022**.

NEW: Spring Booster doses during July and August

For individuals who were eligible for a Spring Booster up to 30 June, and present for vaccination in July or August, sites should ensure that a clinical discussion takes place at the point of care about the optimal timing of a booster dose prior to an Autumn vaccination programme. Individuals who have received a booster dose on or after 21 March, do not require a further booster dose before the Autumn campaign.

Further information about the completion of the Spring Booster Campaign and the vaccination offer to the end of August can be found in [the system letter](#), published 22 June 2022 about the next steps for COVID-19 vaccination.

NEW: Autumn Booster Programme

1. NEW: Publication of final JCVI advice relating to the autumn booster programme

On 15 July, JCVI published their final advice [here](#) in relation to the autumn COVID-19 vaccination programme. The Government statement accepting the advice is [here](#) and the government press release is [here](#).

2. Clinical Advice to Sites Vaccinating people aged 75 presenting after 1 July

The following groups of people are now advised to wait until autumn for their next booster:

- people who turn 75 years old on or after 1 July 2022
- people who had a spring booster on or after 21 March 2022

The NHS will contact these patients when they need their next booster.

Patients with a weakened immune system, at risk or considered unlikely to re-present for a vaccination in Autumn should be vaccinated.

3. COVID-19 vaccination autumn planning update and frequently asked questions for GPs and Community Pharmacies

Following the publication on 30 June 2022 of the draft service specifications for the autumn COVID-19 vaccination programme for general practice [here](#) and for community pharmacy [here](#), along with a [covering letter](#) and site designation guidance [here](#), we held a webinar on 4 July to talk through the arrangements for autumn and answer questions.

The recording of the event and slides are available [here](#).

In addition, please find below a brief summary of the most common points of interest:

A. Start date of the autumn programme: the autumn programme is expected to start in early September 2022. We will confirm the exact start date following final JCVI advice. The phase 5 Enhanced Service Specifications cover the period from 1 September 2022 to 31 March 2023 with the possibility of extension.

B. Cohorts eligible for the autumn programme: see the final [JCVI advice](#) linked to above.

A reminder that GPs working in a PCN Grouping must, as a minimum, vaccinate older adult care home residents, housebound and immunosuppressed patients. They may agree with the local commissioner to vaccinate other cohorts (which could be all other eligible cohorts) subject to their capacity. Pharmacy contractors must vaccinate older adult care home residents, housebound and immunosuppressed patients if requested by their local commissioner. Further guidance will be provided in due course on the minimum recommended duration between vaccines, vaccine types and the evergreen offer.

C. Co-administration of flu and COVID-19 vaccines: We encourage co-administration opportunistically where this is operationally and clinically appropriate. However, we appreciate that this may not be possible in all circumstances. There will be no centrally supplied flu vaccine in 2022/23, and for autumn/winter sites will have to procure flu stock locally. We are working with relevant organisations to support the co-administration of vaccines.

D. IoS fee and supplement payments for Phase 5: The item of service fee has been updated to £10.06 in order to bring the COVID-19 vaccination programme in line with the financial arrangements for wider V&I programmes. A £10 supplement continues to be in place for vaccinations given to housebound patients. The baseline assumption is that all costs are covered by the IoS fee. The housebound supplement recognises that travelling between individual homes requires additional time for the vaccinator, who is often only able to vaccinate single patients in each household.

Additional regional allocations have been provided to tackle specific issues such as to improve access and mitigate inequalities that require additional funding. Payments guidance on the regional funding is expected to be published at the end of July. This will emphasise the role of local commissioners in making decisions on allocations, with some high level guidance on how the funding could be used to encourage uptake in underserved communities.

E. Temporary registrations: The temporary register is coming to an end in September for NMC and GMC as we are no longer in an emergency

response. Staff on the temporary register will not be able to consent once their registration has expired, although they can follow a process to go onto the permanent register if they wish. The use of the national protocol enables the use of the unregistered workforce and there are opportunities to look at workforce models to optimise the full skill mix available.

Additional workforce is available through the lead employer to complement local workforce. All providers have access to Lead Employers which can provide staffing to sites, the cost of which will be recharged to those providers.

F. Subcontracting: Subcontracting will continue to be possible (see section 8 of the GP ES specification and section 1.4 of the CP ES specification with the agreement of the commissioner).

G. Movement of COVID-19 vaccines for PCN Groupings: As discussed in the webinar, additional flexibilities have been agreed with MHRA (the slides and recording are available [here](#)). We will shortly publish an updated Collaboration Agreement for Phase 5 to reflect this.

4. NEW: Autumn Planning Questions / Answers

Please these queries which have been raised with the national team via RVOC and their current answers:

Date	System	Question	Answer
06/07/2022	BNSSG	What kind of supply is meant within this statement (vaccine, workforce, capacity)? No.7 Planning within Autumn planning principle and planning checklist (2 of 2)	Vaccine Supply
06/07/2022	BNSSG	The proposed cohort for Autumn is cohorts 1-6 (subject to JCVI confirmation). As pregnancy is included in Table 3 of the Green Book - Do we plan with pregnancy included for the Autumn booster campaign (subject to JCVI statement)?	The National direction is to plan for the Max scenario, Cohorts 1-9, until the cohorts eligible are confirmed by JCVI. Yes, plan for pregnancy to be included.
06/07/2022	BNSSG	For the original booster programme the Green Book says: 'JCVI also advised that operational flexibility should permit boosting of all adults, regardless of age, in certain closed settings or in populations such as those experiencing homelessness.' Can ICBs chose to include health inclusion groups e.g. GRT, boating community van dwellers, people experiencing homelessness places people at high risk from COVID in the Autumn Booster programme?	Our recommendation would be that each ICB undertake a risk assessment to determine which groups should be included and make that decision locally. The guidance has been written to provide some flexibility. It will be equally important to indicate if there are any groups where a decision is taken not to include them and why a risk assessment indicates that to be the case.

06/07/2022	BNSSG	How do we take account of programme (SVOC) costs as these are attributable across all pillars	Costs such as these are attributable across all pillars this is outside and separate from the covid budget H1/ H2, £200k is setup for the systems and the balance regional will keep to pay CSU Staff and external agencies staff etc
06/07/2022	BNSSG	How do we assign cost per jab for our outreach service? Outreach includes engagement work with communities and may result in people attending for a vaccine in any of our delivery pillars (not just specific outreach clinics).	If they are part of a lead provider this will be recorded under £10.06 national return however if the outreach team are specifically working for low uptake, i.e. deprivation, inequalities, funding will come out from A&I budget
11/07/2022	BSW	If PCN subcontracts to a VC , this would require a formal written agreement from each practice (the PCN is not a legal entity) to the Hospital responsible for the VC (the VC is not legal entity) ?	Yes each practice in the PCN Grouping would need to subcontract the service to the provider. We would expect a written agreement in place if a PCN Grouping sub-contracts to any other provider. In the case of sub-contracting to a VC, this would need to be with whatever entity runs the VC. If this is a Trust, then yes, the agreement would need to be with the Trust. The GP practice must comply with the requirements set out in the statutory regulations or directions that underpin its primary medical services contracts in relation to sub-contracting, which will also apply to any arrangements to sub-contract services under the ES. Please see the GP ES spec for more info. We recommend the PCN Grouping discusses the proposed subcontracting arrangement with their local commissioner at their earliest convenience. Please note we are unable to provide legal advice to practices considering subcontracting. Practices would need to take their own legal advice if needed.
11/07/2022	BSW	When this agreement was in place, it would mean that the PCN hands over (via mutual aid) the appropriate vaccine supply to the VC, and then the VC can deliver under their own vaccine supply and VC ODS code? Whilst the mutual aid figures will be high, operational it will be easier for the VC to use	National Team continuing to look for an answer and provide clear guidance. Region will continue to chase.

		their own stock as they may be visiting multiple PCN housebound patients on the same day so need just one batch of stock to use under 1 ODS code (the VCs). Or, does this read that the vaccinations are done under the PCN supply and ODS code (which would cause enormous operational difficulties).	
12/07/2022	Dorset	We have had a few queries regarding if a PCN decommissions for the Autumn Programme then at a later date, still within phase 5 timelines, feel they could actually deliver some vaccinations. If there would / will be an option to re-join the programme at a later date?	Theoretically, a site that decommissioned could re-join if the ICB decided it was necessary. However, if they had decommissioned, they would effectively be a new site and so would need to go through the process for a new site. Given the length of the programme new sites part way through aren't expected by the National Team.

NEW: Current Eligible Cohort Updates

1. Cohort Eligibility and Operational Status

[This resource](#) has been reviewed. A statement was added last week in relation to the Spring Booster Campaign, noting the need for a clinical discussion for Spring Booster vaccinations taking place in July and August, as per Item 2 in the [clinical bulletin dated 7 July](#).

A note was also added to highlight that 12 year olds who commenced their primary course with Comirnaty 10 micrograms/dose Concentrate for Children can complete their course with this vaccine, as detailed in the [Green Book Chapter 14a](#) and supported by the [PGD](#) and [National Protocol](#). Operational updates to NBS were reflected for 5-11-year olds who require a third primary dose.

2. NEW: Notification of vaccination invites, prompts and reminders due this week

The below notifications are due to arrive in the current period. Sites are asked to load NBS and LBS appointment slots and walk-in capacity to accommodate potential increases in demand, ensuring adequate capacity outside of school hours for younger cohorts.

- 16+ Booster 1st and 2nd Reminders (29th May - 11th June 2nd reminders, 12th June - 25th June 1st reminders) - *Circa 165k SMS and email to arrive 21 & 22 July and letters 25 July.*
- 12-15 (At Risk) Booster 1st and 2nd reminders (28th Jan - 11th June 2nd reminders, 12th June - 25th June 1st reminders) - *Circa 45k e-mail to arrive 21 July and letters 25 July.*

Look ahead *(may be subject to amendment):*

- Boosters 16+ and 12-15 At Risk + Severely Immunosuppressed - Circa 54k SMS & e-mail to arrive 26 July and letters 27 July.
- 2nd Dose Prompts 5-15 Non-At risk - Circa 99k letters to arrive 27 July.
- Vaccine Data Resolution Service (VDRS) - Circa 1k letters to arrive 27 July.
- Evergreen 18+ DMS Digital - Circa 10k SMS & e-mail to arrive 25 July.
- 2nd Dose Prompts 18+ DMS Digital - Circa 4k SMS & e-mail to arrive on 25 July.
- Shingles – Circa 6k letters to arrive 28 July.
- 18+ Boosters DMS Digital - Circa 24k SMS & e-mail to arrive on 26 July.
- Overdue 2nd Dose reminder for 12-15 (Both At Risk and Non-At Risk) & Potentially 5 to 11 At Risk - Circa <84k letters to arrive 29 July.
- Evergreens 5+ - Circa 70k letters to arrive 30 July.
- 4th Dose invite for 12+ Severely Immunosuppressed - Circa <1k e-mails to arrive 28 July and letters 1 August.

NEW: Workforce and Training Summer Toolkit

Further to the recent discussions at the VC leads meeting please find attached the Workforce and Training Summer toolkit for information.

If you have any questions, please email england.swcovid19-voc1@nhs.net



20220523 Covid-19
Workforce and Train

NEW: Handling vaccines in the heat & supporting workforce stay cool

To support staff and members of the public attending for their vaccinations in the heat, please consider appropriate measure for maintaining temperature control for vaccine preparation and administration areas.

Tips for keeping working areas cool:

- Close window fittings, particularly if windows are sun facing
- Open windows when the outside temperature is cooler than indoors

- Switch electrical equipment to standby or off completely if not required. Turn off non-essential equipment at night (DO NOT switch off any vaccine storage units)
- Check that the site heating is not still running (still happens due to central facilities & estates controls)
- Ensure thermometers are placed in all vaccine storage areas
- Please be mindful that cooling fans to support staff/patient comfort circulate warm air and do not lower the environment temperature to support storage of vaccines.

Vaccines must be stored and used within temperatures specified by the manufacturer and MHRA-authorized conditions of use, to ensure their safety, quality, and efficacy. Risk assess your vaccine preparation and administration area and update processes to prevent risk of a temperature excursion during clinic sessions. Consider returning punctured vials to fridge storage (2-8°C) in between use for low capacity sites.

During the summer, there is an increased risk of temperatures in ambient areas rising above 25°C. The maximum permissible storage temperatures for all the COVID-19 vaccines are as below:

- 1- Pfizer / Comirnaty : < 30°C.
- 2- Moderna / Spikevax : < 25°C
- 3- Astra Zeneca/Vaxzevria: < 25°C

For further information about using COVID-19 vaccines during hot weather the specialist Pharmacy Service has updated information available through [this link](#).

Any cold chain and clinical incidents need to be reported to ICARS (see the Standard operating procedure: Management of COVID-19 vaccination clinical incidents and enquires ([link attached](#))). Contact the ICARS team via email: england.swicars@nhs.net

NEW: Termination of current contracts for general practice, community pharmacy and the Standard Contract

On 12 July, we issued a termination notice letter via cascade to providers, which provides formal notice of the current Enhanced Service specification for general practice. Local Enhanced Service for community pharmacy and the current Standard Contract for providers including Trusts and some SAIS providers, will terminate on 31 August. This is to ensure there is no overlap with the new contracts for the autumn programme, which start on 1 September.

Please let us know if you are from a site currently contracted to provide COVID-19 vaccination services (including paused or hibernated sites) and have not received this letter; email us at england.pccovidvaccine@nhs.net.

NEW: Resources to support particular populations

1. NEW: Braille Translation Materials

All sites must ensure that they have up-to-date Braille versions of all the key patient-facing leaflets. These can be ordered for free [here](#).

2. NEW: British Sign Language (BSL) Translation

All sites must ensure that all their staff are familiar with and offer the use of BSL translation support tools to those who may benefit. The BSL translation app is available free of charge to service users via NHS 119, through InterpreterNow. Guidance for sites is on [FutureNHS here](#). For those sites already providing on-site BSL support, the additional provision of the remote BSL support is optional. For sites without access to on-site BSL support, the provision of access to the remote BSL interpretation provided by NHS 119 is mandatory. To support awareness among BSL users about the availability of BSL interpretation support (either on-site or remotely), sites using local booking systems should consider adding this information in their invitation to patients, and displaying it on the local booking system, where possible.

Sites using the National Booking Service (NBS) should update their NBS/Q-flow profile about the availability of the remote, or on-site, BSL interpretation service.

3. NEW: Information and resources for people with a weakened immune system

A refreshed communications toolkit is available on FutureNHS [here](#). This includes information and resources to support people with a weakened immune system to get all of the doses they need of the COVID-19 vaccine. Key messages have been updated for sharing with people with a weakened immune system and the document includes information on arrangements over the summer.

4. UPDATE: Updated pregnancy toolkit

The COVID-19 vaccination and pregnancy communications toolkit has been updated to remove previous highlighted statistics and includes a new line on September boosters. The updated version of the pregnancy toolkit is available on the [VDP](#) workspace. Please save the link to this version of the toolkit and avoid using older versions that you may have already downloaded.

5. NEW: Communications Toolkits

You can find [communications resources](#) on FutureNHS including our latest toolkits on [seasonal boosters](#), [5-15 year olds](#), [people with a weakened immune system](#) and [pregnant women](#).

New: IT system Updates

1. NEW: NBS/QFlow and Accessibility Attributes

All sites using the National Booking Service must **regularly** check to ensure that all their accessibility attributes are up to date on Q-Flow. Improving access to vaccination sites and keeping this information up to date supports our duty with regard to improving equality of access and reducing health inequalities.

Guidance on how to update attributes on Q-Flow can be found [here](#).

[Direct site support is also available with NBS and Q-Flow super-users](#) every Monday, Wednesday, and Friday from 1:30pm to 2pm.

2. NEW: Introduction of Perpetual Inventory calculation to Foundry's Supply Chain 360

In order to help systems and regions have a better view of the site level inventory position for each site in their system/region at any point in the week, we have been working to build a new methodology for calculating a site's current stock position. This calculation, which has been called Perpetual Inventory (PI), is based on a site's declared stocktake, and total known daily inflow and outflow of stock including wastage, deliveries, mutual aid and vaccination events (see diagram below).

PI will launch on Supply Chain 360 (SC360) on 22 July and will replace all current references to 'Smart Stock' data, which will be retired from use. Smart Stock is being replaced because it calculated a site's future projected stock holding, rather than its current inventory, risking inaccurate inventory figures.

The accuracy of the PI calculation is significantly influenced by the quality of the underlying data inputted by the sites, making accurate weekly stocktakes, waste reporting and mutual aid transfers particularly critical.

Perpetual Inventory Training

As part of the rollout of PI, system and regional colleagues who oversee vaccine allocations and ordering are invited to join one of two training sessions, to gain a better understanding of PI and its functionality and uses.

The sessions will run on Teams webinar and you will need to register for the event. One of the training sessions will be recorded and available on NHS Futures for any colleagues who are unable to attend in person.

Introduction to PI – Region/System User Training Session 1 - 26 July 13:00 to 14:00

[Select here to register for the session](#)

Introduction to PI – Region/System User Training Session 2 – 27 July 10:00 to 11:00

[Select here to register for the session](#)

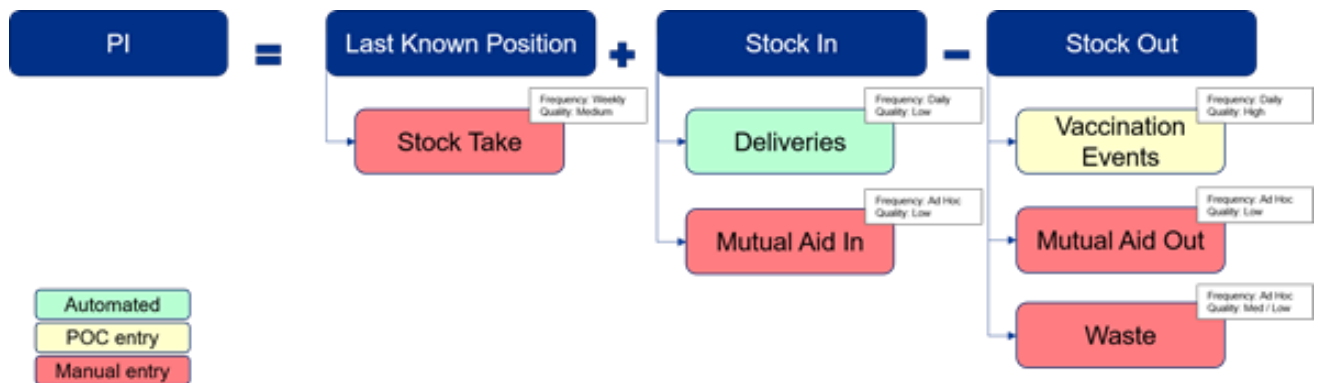
Following the training sessions, we will run a couple of drop-in sessions to answer any questions and provide user support.

[PI Drop-in session 1 link to register](#) – 1 August 14:00 – 15:00

[PI Drop-in session 2 link to register](#) – 2 August 11:00 – 12:00

A PI FAQ document and quick reference guide will also be available on the Foundry training pages of FutureNHS following the training sessions. A link to this will be shared post training with the participants.

***PI is calculated in the following way:**



3. NEW: Managing the NCIT Kit within the Vaccination Programme

Throughout the Vaccination Programme, all non-clinical IT equipment (Laptops, IPADs, Desktop Bundles, Monitors, Printers, 4G Routers and Barcode Scanners) and licences have been procured and distributed by NHS England. These assets remain under the ownership of NHS England until they can be re-deployed. The Non-Clinical IT team (NCIT) are responsible for ensuring the proper accounting of all Non-Clinical IT computer equipment which has been supplied to each and every Vaccination site or team. As sites close and the devices are no longer needed for the Vaccination Programme, the Non-Clinical IT team will arrange to collect all NCIT kit.

We have been tasked with ensuring that we are ready, and prepared, for any Surge requirements as well as the upcoming Phase 5 of the Programme. Additional Vaccination Sites will also require non-clinical IT equipment. Much of this equipment will be provided by recycling these items from existing vaccination sites where the kit is not being used or when the site closes (this includes VC's, LVS and CPh sites). As a reminder, this also includes the return of any non-clinical IT equipment that received financial re-imbusement.

You can support us by being the Escalation Point in your Region for any issues (or provide a nominated Escalation Manager). Please work with our team to help us collect and recycle this equipment as quickly and efficiently as possible. If you have kit that can be collected, please contact the team at vaccinationit@england.nhs.uk.

NEW: Webinars and Learning Resources

1. Webinars

a. Upcoming Autumn 2022 Rollout Security Webinar – 16 August

The Autumn 2022 rollout security webinar is a chance to confirm your security arrangements by understanding the current threats facing the UK vaccination programme. The aim of the webinar is to reacquaint all sites with where to find security guidance, security updates and site-specific security advice.

August 16th, 2022, at 1100

Length of time - 40 minutes

Once confirmed, the relevant links to the webinar will be uploaded [here](#).

b. Vaccination programme shared learning community webinar

Further information is available on [FutureNHS](#), along with all previous Learning Community Webinars and supporting resources on the [Improvement Hub](#).

c. Improvement Team Evaluation Webinar

Thank you to all colleagues who have contributed good practices and innovations during our learning community webinars and via the WhatsApp group. We are now evaluating the impact of this work from October 2021 to June 2022, including:

- Delivering learning community webinars
- Sharing learning through case studies and insights via the [Improvement Hub](#)
- The [QSIR improvement tools](#)
- A WhatsApp peer support group

It is important for us to hear from you and get your views to help us prepare for autumn. If you could spare a few minutes provide your feedback via this [short survey](#). We welcome any feedback including, what's worked well, areas we could improve and suggestions for future webinar topics by **Friday 29 July**.

2. Evaluation

Evidence and insights from national evaluation work by [partner agencies including academic research](#) and the Scotland evaluation work are now available on the [Evaluation Hub](#).

The evaluation report was produced by Public Health Scotland (PHS) Vaccine Confidence and Equity team. The recommendations aim to ensure equitable implementation of vaccination programmes, optimising reach and impact, and reducing inequalities across all population groups.

It covers the following key themes: communications/marketing, informed consent, invitation to appointment vaccination services/clinics, and local and national stakeholders' advice to NHS health professionals.

3. Case Studies

The COVID-19 Vaccination Programme Improvement Hub publishes case studies to share learning and improvement work across the programme. A summary of all case studies available on the Improvement Hub is available [here](#).

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

4. Useful Links

[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 practice on the FutureNHS platform, where NHS, local authority, public and voluntary sector staff share ideas, evidence, resources, case studies and blueprints to increase vaccine uptake in all communities.

Members also have access to peer-to-peer support and a programme of regular 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](#).