

# Autumn / Winter 23-24 COVID-19 and Flu Vaccination Campaign

## Frequently Asked Questions

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These FAQs cover the delivery of the vaccination programmes for Covid-19 and Flu following the 30 August 2023 [announcement](#) to bring the vaccination programme for autumn forward in light of the acceleration of a new Covid-19 variant (BA.2.86).

These FAQs respond to the key themes raised at the webinar held on 30 August.

**If you have any queries, please contact your SVOC who can escalate via the SVOC/RVOC escalation route if necessary.**

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## LINKS TO KEY DOCUMENTATION

- [Government Announcement](#) re: acceleration of the Covid-19 Vaccination Programme
- NHS vaccination response to urgent BA2.86 risk and changes to autumn/winter 2023/24 vaccination delivery programme [System Letter](#), 30 August 2023.
- Annual Flu [Letter](#).
- [JCVI statement](#) on the Covid-19 vaccination programme for autumn 2023 - update 30 August 2023.

## CHANGES TO TIMINGS

### 1. Why have the start dates for the autumn/winter campaign been changed?

This year's flu and Covid-19 vaccine programmes will start earlier than planned in England as a precautionary measure following the identification of a new Covid-19 variant.

While it is difficult to predict the combined effect of the large number of mutations on severity, vaccine escape and transmissibility, expert advice is clear that this represents the most concerning new variant since Omicron first emerged. The UKHSA has determined the most appropriate intervention with the greatest potential public health impact is to vaccinate all those eligible, quickly.

Following this advice, the Secretary of State for Health and Social Care has asked NHS England to bring the vaccination programme forward, to start earlier, and to accelerate delivery of the programme to vaccinate eligible people more quickly.

The precautionary measure is being taken as scientists from the UK Health Security Agency (UKHSA) examine the variant BA.2.86, which was first detected in the UK on Friday 18 August.

While BA.2.86 is not currently classified as a variant of concern, advice from the DHSC/UKHSA is that bringing the vaccination programme forward to start in September (previously October) will deliver greater protection, supporting those at greatest risk of severe illness and reducing the potential impact on the NHS.

The decision means those most at risk from winter illness – including people in care homes for older people, the clinically vulnerable, those aged 65 and over, health and social care staff and carers – will be able to access a Covid-19 vaccine in September. The annual flu vaccine will also be made available to these groups at the same time wherever possible, to ensure they are protected ahead of winter.

Vaccinations are now set to start on 11 September, with adult care home residents and those most at risk to receive vaccines first. NHS England will announce full details of the accelerated roll-out soon, and those who fall into higher-risk groups are being encouraged to take up the jab as soon as they're invited.

There is no change to the wider public health advice currently.

### 2. What revised timescales are we working towards for the Autumn campaign?

The revised timescales are set out in full in the [system letter](#).

From **11 September 2023**, systems must start vaccination for care home residents and those who are housebound. We are asking systems to ensure that all residents are vaccinated before **22 October 2023**.

From **11 September 2023**, Covid-19 and flu vaccinations can commence for those eligible via Local Booking Systems (LBS), starting with those who are most at risk, including those who are immunosuppressed, in the usual way.

On **18 September 2023**, this will be complemented by the National Booking System (NBS) which will become available to allow eligible people to book a Covid-19 vaccination online (using NHS.uk), via the NHS App or by calling 119. National Covid-19 vaccination invitations will also start from 18 September.

**There is no change to flu vaccination for children. It is essential that this begins early in September as previously communicated.**

A summary of key dates is as follows:

Milestone	Dates
Start date flu for children	1 September
Covid-19 vaccination service sign-up/ CP EOI end date	4 September (5pm)
Supply of Comirnaty Original / Omicron BA.4-5 Covid-19 mRNA vaccine to sites	Starts from 4 September
Supply of flu vaccine	Starts 11 September
PGD & National Protocol for adults updated (Covid-19)	By 7 September
NBS open to upload calendars for adults (Covid-19 only)	7 September
Start date for Covid-19 and Flu (adult) vaccinations	11 September
NBS open to public for adult cohorts	18 September (Covid-19) 2 October (Flu and co-admin with Covid-19)

### 3. Why such a short Covid-19 vaccination delivery window of six weeks?

The [system letter](#) sets out the timings for delivery of the autumn/winter Covid-19 vaccination campaign. The campaign commences on 11 September 2023, starting with residents of older adult care homes and those that are housebound. The aim is

to vaccinate these individuals by 22 October 2023 on an accelerated basis. The accelerated phase of the campaign for other cohorts ends on 31 October 2023. The campaign will continue into the winter, and all eligible individuals should have been invited to come forward by 15 December 2023, as advised by JCVI to give maximum protection during the peak winter period. Outreach and pop-up clinics to support vaccination of underserved communities and reduce inequalities may continue until 31 January 2024 based on population need.

## COHORT ELIGIBILITY

### 4. Will cohort eligibility be expanded considering the emergence of the new variant?

The eligible cohorts for both flu and Covid-19 vaccination **currently remain unchanged**. Information on eligible cohorts can be found in the Covid-19 and Influenza chapters (14a and 19) of the [Green Book](#).

### 5. Frontline Health Care worker (HCW) eligibility – what evidence do frontline HCWs have to provide to show they are eligible for vaccinations in this campaign?

#### Covid-19 vaccination

Sites should have a short conversation with the patient when they arrive about where they work and the role they do, to confirm they are a frontline healthcare worker. They do not have to provide proof as such. This approach supports the aims of the programme to vaccinate those that are eligible as they present for vaccination.

All frontline health and social care professionals, including clinical and non-clinical staff who have direct contact with patients, should be offered both the seasonal flu and Covid-19 vaccines. Employers must make reasonable efforts to ensure that eligible frontline staff are offered a vaccine.

The Covid-19 vaccine may be offered through HCWs' employers, or they can book by downloading the NHS App, [online](#) or by calling 119. There may also be walk-in vaccinations available. Find the nearest Covid-19 vaccination walk-in site [here](#).

Additionally, those working in care homes could be offered the opportunity to receive a flu and Covid-19 vaccine when roving teams visit care homes, however this may not always be possible.

#### Influenza vaccine

The seasonal flu vaccine, as a first point of call, should be provided by employers. Social care workers who are in direct contact with people who receive care and support services, should also have the vaccine provided by their employer.

There are circumstances where frontline staff who do not have access to employer led schemes can access the flu vaccine through the NHS free of charge. This

includes staff that work at a CQC registered residential care or nursing home, a CQC registered domiciliary care provider, a voluntary managed hospice provider or if they provide social care via a direct Payment (personal budgets) or Personal Health Budgets, such as Personal Assistants. This will be signposted by their employer.

We strongly encourage flu and Covid-19 vaccinations to be offered in the same appointment wherever possible. If this is not possible, it is better to get each vaccine as soon as you can, rather than waiting to have them together.

Frontline health and social care workers will continue to be able to book Covid-19 vaccine appointments by self-declaring through the NHS Covid-19 National Booking Service.

## **6. What is the definition of Health Care Workers? Are non-clinical frontline staff included?**

The NHSE policy position has been retained in autumn / winter 2023/24 to apply the Covid-19 [green book](#) eligibility criteria for frontline HCWs also to flu (see [Flu Green Book](#)). This includes staff with patient contact, including social contact and is intended to maximise uptake and facilitate co-delivery of the programmes.

Workforce colleagues have identified the occupational codes assigned to frontline staff, and an overview is available on [FutureNHS](#).

## **7. How will a "reasonable offer" of vaccination to healthcare staff be defined under Service Condition 21.4 of the 2023/24 NHS Standard Contract?**

Employers must do whatever they can to support their employees to access flu and Covid-19 vaccinations. For some providers this will be delivery on site, for others it will be signposting to other sites.

## **8. Who is eligible for vaccination in care homes?**

All care homes should be visited during the autumn winter campaign, including non-older adult care homes.

A permissive approach to vaccination in line with advice in the Covid-19 [Green Book](#) and [Flu Green Book](#) is encouraged throughout all care home settings as there is a clear benefit in reducing the risk of transmission within these populations, given the high risk of exposure. Eligible groups are:

- All residents in care homes for older adults are eligible, as per JCVI guidance.
- All residents living in non-older adult care homes should also be considered for vaccination. It is anticipated that they will fall into one or more of the following eligible groups:
  - Persons aged 65 years and over (by 31 March 2024)

- Persons aged 6 months to 64 years in a clinical risk group – see [Green Book](#) (Tables 3 and 4) for a full list of eligible clinical conditions and medical treatments.
- Persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression.

**9. Please could we have further guidance on the published [Green Book](#) statement below: ‘Many younger adults in residential care settings will be eligible for vaccination because they fall into one of the clinical risk groups above (for example learning disabilities). Given the likely high risk of exposure in these settings, where a high proportion of the population would be considered eligible, vaccination of the whole resident population is recommended.’**

Vaccination of younger adults in long-stay nursing and residential care settings where they are not themselves in a clinical risk group (Table 3 of the Green Book) should be considered on a case-by-case basis where a high proportion of the population is eligible.

**10. What approach should we take to vaccinating pregnant women for Covid-19?**

Providers should put local arrangements in place to offer those who are pregnant, regardless of their stage of pregnancy, a vaccination either through opportunistic vaccination or proactively directed to book via NBS by their GP and midwifery team. Consideration should also be given to other vaccines that the patient may be eligible for (through existing delivery mechanisms).

**11. Will we be asked to provide vaccination (flu and Covid-19) for all residents at local Asylum Centres/hotels?**

There are no special circumstances and only those individuals who meet the current eligibility criteria in these settings should be offered vaccination (through existing delivery mechanisms).

## **ACCESS AND EQUITY**

**12. With the required acceleration, how do we ensure we reach underserved populations? Will there be funding available to engage with groups with low uptake?**

Systems must maintain their focus on ensuring that no one gets left behind and are reminded that the **Access and Inequalities Fund is available** to support improved uptake across all communities.

Systems are encouraged to think creatively about how they continue to use the fund to support improved and equitable uptake across their communities, accelerating plans for the autumn and winter campaign where possible. Further information and support are available on the [FutureNHS platform](#).

Systems should work with local partners in local government and the voluntary and community sector to ensure community engagement starts as soon as practicably possible, supported by access to vaccination.

Outreach and pop-up clinics offering Covid-19 vaccination may continue for these groups up to 31 January 2024, flu vaccination can continue until 31 March 2024, noting the clinical importance of completing vaccination earlier.

Plans should also be in place to evaluate the interventions they have put in place with the access and inequalities fund.

## PAYMENTS

### 13. **(NEW: 14 Sept 23)** Where can I find additional information on payments?

The Financial and Payments Guidance has now been published.

- Pharmacy Contractors, NHS England regional teams and Integrated Care Boards (ICBs) guidance has now been published [here](#)
- PCN Groupings, NHS England regional teams and Integrated Care Boards (ICBs) guidance has now been published [here](#)

Finance Guidance for Standard Contract holders will be published shortly.

### Payments and Supplements Summary Table (Covid-19).

**NB: Flu Payments remain unchanged.**

Cohort	Item of Service (IoS) Fee / activity-based payment (HCWs)	Supplement for Accelerated Programme	Valid from / to	Additional Payments	Valid from / to	Total Payment available
<b>Housebound people</b>	£7.54	--	--	£10	11 Sept-31 March	£17.54
<b>Care Home residents</b>	£7.54	£10	11 Sept – 22 Oct 2023	£200 per completed care home	11 Sept - 22 Oct 2023 subject to completion of a live return by no later than 29 October 2023	£17.54
<b>HCWs (all settings inc. Care Homes)</b>	£7.54	£5 (excluding HCW vaccinations required by	11 Sept – 31 Oct 2023	--	--	£12.54



		Section 21.4 of the NHS standard contract)				
<b>All other cohorts</b>	£7.54	£5	11 Sept – 31 Oct 2023	--	--	£12.54

**14. Will there be changes to the Covid-19 Item of Service fees and payments to providers to support the acceleration of the autumn vaccination campaign?**

In addition to the financial arrangements set out in the autumn 2023 general practice and community pharmacy enhanced service specifications, and Standard Contract schedules, interim arrangements to support programme acceleration will be put in place to recognise additional administrative, organisation and delivery costs.

***Commissioned providers will now be eligible to claim:***

An additional acceleration payment of £10 (in addition to the Item of Service fee) for each Covid-19 vaccination administered to care home residents between Monday 11 September and Sunday 22 October 2023 inclusive; and

A separate one-off additional payment of £200 for each completed care home by 11:59pm on Sunday 22 October 2023 that is confirmed to the commissioner by the submission of a live time survey no later than 11:59pm on Sunday 29 October 2023.

***To support the acceleration of Covid-19 vaccinations to other eligible cohorts:***

An additional £5 acceleration payment (in addition to the IoS fee) will be made available for each Covid-19 vaccination administered to eligible people between 11 September and 31 October 2023 (excluding care home residents, housebound people, and any health and care worker vaccinations commissioned under the NHS Standard Contract).

**15. What payments can we claim for the Covid-19 vaccination of housebound patients?**

An additional payment of £10 per Covid-19 vaccination administered to housebound people continues to apply for the duration of the autumn/winter Covid-19 vaccination contracts. This is the only additional payment available. Sites are encouraged to prioritise this cohort as part of the accelerated campaign.

**16. With regards to the announced additional payments to support Covid-19 vaccination of Care Home Residents, does the size of care home affect the payment? Also, if a resident declines a Covid-19 vaccination offer but all other residents are vaccinated, can this be signed off as completed for purposes of payment?**

The additional payment of £200 for 'completed' care home Covid-19 vaccination visits is available for all completed care homes regardless of size.

If a resident declines the vaccination offer this can be captured on the live time survey.



**17. How are we monitoring care home delivery and payments (Covid-19)? Will this be via live surveys again? How do I access the Care Home survey?**

The real-time return can be accessed [here](#). It is accessible on standard browsers and mobile devices for ease of completion at the time of the care home visit. As part of this process, the completed return will be submitted online to the national care home team.

**18. We have been asked to confirm the arrangement for sharing flu vaccine between practices in a PCN Collaboration and how will payment be claimed from the Prescription Pricing Authority (PPA) if a site or the PCN uses vaccine from another practice within the PCN?**

In line with the last two flu seasons, practices collaborating to deliver flu vaccinations should record the proportion of flu vaccine contributed by each practice in the relevant collaboration agreement schedule. It is an individual practice responsibility to claim for the proportion of their contributed flu vaccine that was administered by the flu collaboration. Practice claims should be made as per the usual process for claiming for flu vaccine under the SFE. Information is available in [section 6](#) of the published flu guidance.

**19. Will the CQUIN indicator for flu vaccinations be retained in autumn 2023?**

Yes. For 2023/24, CQUIN01: Flu vaccinations for frontline healthcare workers has been retained.

To qualify for a CQUIN payment requires a minimum of 75% flu uptake amongst 'frontline healthcare workers on ESR'. Uptake of vaccination among 'frontline healthcare workers on ESR' will be based on an automated data collection that has been recognised by DAPB. This collection is based on NHSE point of care data and ESR data sources to calculate frontline healthcare worker uptake. Further information about the collection is available [here](#) on NHS Futures as well as [here](#) on the NHS England web page.

**20. (NEW: 14 Sept 23) Can primary care providers continue to give and claim payment for Covid-19 and flu vaccinations after 15 December 2023?**

The flu vaccination campaign has always encouraged participating providers to offer and administer the bulk of flu vaccinations before the end of December.

This is to ensure maximum clinical protection to eligible people across the peak winter periods. For 2023/24, both seasonal vaccination campaigns will run until 15 December 2023, bringing forward the date by which providers are encouraged to offer and administer flu vaccinations to eligible people than has historically been the case.

However, flu vaccinations can continue to be offered, administered and claimed after this date and until 31 March 2023 in line with the flu service specifications and Covid-19 vaccination can continue via outreach and pop-up clinics until 31 January 2024 to maximise delivery and reduce inequalities, noting the clinical importance of completing vaccination earlier.

21. **(NEW: 14 Sept 23) Are vaccinations given to healthcare students or staff who are not on ESR eligible for the payment?**

All frontline health and social care professionals, including clinical and non-clinical staff who have direct contact with patients, should be offered both the seasonal flu and Covid-19 vaccines. Employers must make reasonable efforts to ensure that eligible frontline staff are offered a vaccine. There will be an activity-based payment of £7.54 for Covid-19 vaccinations administered to eligible frontline healthcare workers in autumn 2023.

This includes:

- Covid-19 vaccinations administered to frontline staff on ESR;
- Covid-19 vaccinations administered to frontline staff not on ESR (self-declared).

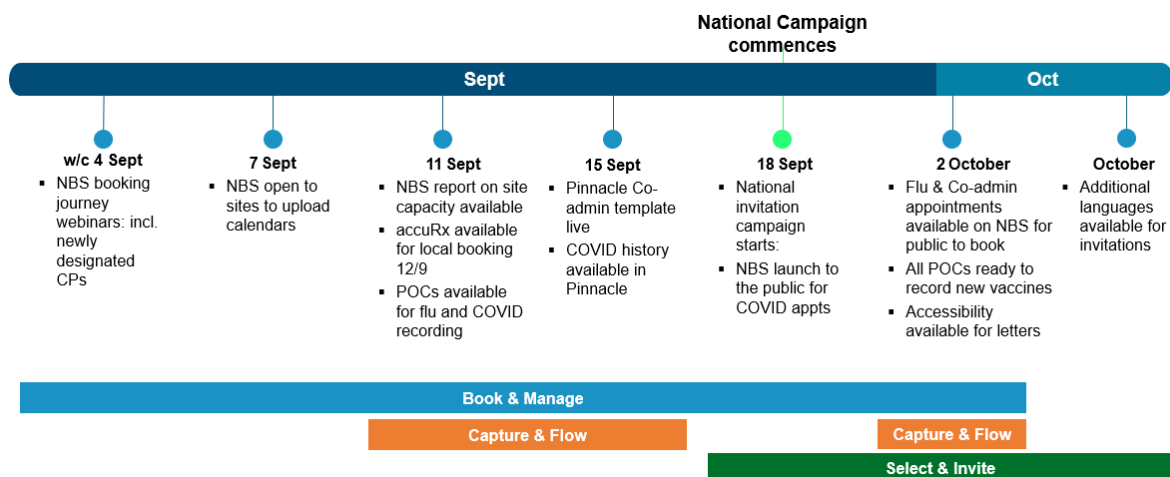
Please note an activity-based Covid-19 payment will not apply to any Covid-19 vaccinations administered to non-frontline staff.

Please see [schedule 3](#) for further details.

## TECH AND DATA

22. **(NEW: 14 Sept 23) Please can we have an overview of the timescales for the National Booking Service (NBS)?**

This table provides an overview of the National Booking Service (NBS) capability timeline to support the **autumn / winter vaccination Campaign** (as at 12 September 2023).



**23. Please can you confirm if PCNs are required to record both Flu AND Covid-19 on Pinnacle if co-administering or can practices use their usual IT systems for flu? What systems must primary care providers use to record flu vaccinations? What systems must primary care providers use to record flu vaccinations?**

Following feedback from practices, the [2023/24 seasonal flu ES specification](#) is being updated to amend the recording requirements for synergistically delivered flu vaccinations by PCN groupings (i.e., flu only clinics run by a PCN Grouping). A PCN grouping's constituent practices will now be able to elect to record **flu only** vaccination events in either their GP IT clinical system or their PCN grouping's point of care (PoC) system.

The system to be used must be agreed and adopted by all practices in the PCN Grouping to reduce the burden of post payment verification work to address any duplicate recordings and payments.

The position with regards to the following has not changed:

- PCN Groupings that co-administer flu and Covid-19 vaccinations must still record their flu (and Covid-19) vaccination events in a PoC system.
- Individual practices must continue to use their GP IT system for practice delivered flu vaccinations or collaborations under an Influenza Collaboration Agreement.

**24. What reporting systems should be used by non-primary care providers?**

There is a recognised [data collection](#) to accompany the NHS Standard Contract. This is the source for NHSE publication of frontline healthcare worker vaccinations and the basis for associated payments, such as the activity-based payment for Covid-19 and the flu CQUIN indicator.

A frontline healthcare worker flag has been applied in ESR to improve the accuracy of frontline healthcare worker uptake reporting (as reflected in Foundry). Trusts have the ability to amend this flag as outlined in the NHS BSA guidance [here](#).

All Covid-19 and flu vaccinations must be recorded on the same day as delivery (and within 15 days in exceptional circumstances) using an [NHS authorised Point of Care System](#). The PoC data is the mechanism used for reporting, payment, reconciliation and allows the vaccination to be captured on the patient's GP record.

## **25. Will Pinnacle be configured to enable Covid-19 and Flu vaccinations to be entered as a single entry?**

Pinnacle O4H will allow sites **from Friday 15 September** to record co-administered vaccinations in a combined flu and Covid-19 template. Links to training information for each PoC system is available [here](#), and more information is available in the [Mobilisation Blueprint](#).

## **26. When will the National Booking Service (NBS) open?**

The NBS will be opened for sites to upload Covid-19 appointments from 7 September 2023. Appointment slots will become available to the public on 18 September for attending on 19 September onwards. National invitations will commence from 18 September 2023.

## **27. When will Q-Flow be open for booking appointments?**

Sites will be able to log in from 7 September to upload appointments and slots.

NBS/Q-Flow training webinar dates are [here](#).

## **28. How will the end of the current NIMS contract from 31 August impact the NBS offer? How will NBS be delivered for this phase? Will the replacement for NIMS be in place before we go live with the autumn/winter campaign?**

NBS has been de-coupled from NIMS and therefore is not impacted by the ending of the NIMS contract. NBS will be opened to the public on 18 September to book Covid appointments from 19 September. The NIMS replacement is in place and any dependent systems have been moved to the new platform.

## **29. Are community pharmacies only going to be using the National Booking System (NBS), or can other providers use it too?**

Commissioned community pharmacy sites can offer Covid-19 and co-admin appointments on NBS.

PCN Groupings can use NBS or an LBS to offer Covid-19 vaccination appointments. Please note it is not possible for PCN Groupings to offer flu only or co-administered appointments on NBS. Sites who would like to use NBS should refer to the [Mobilisation Blueprint](#) in the first instance.

Vaccination Centres must use NBS for Covid-19 vaccinations. However regional commissioners will confirm if co-admin / flu calendars should be uploaded and when this capacity will be available.

**30. Will there be an option to recommission Evacc to record Covid-19 vaccinations?**

Evacc will not be available to record vaccinations for this campaign. As part of the Point of Care Switch Process sites are asked to contact their SVOC/RVOC to raise the request through the change form in [Foundry](#).

**31. What will be the Covid-19 vaccination call/recall arrangements for non-primary care providers?**

Providers commissioned to vaccinate their eligible patients / service users would do so as a Hospital Hub and therefore use LBS as well as walk-in clinics (where operationally feasible to do so). Employers must use reasonable endeavours to ensure that their eligible frontline healthcare workers including those who are on ESR and, those who may not be on ESR, are offered a vaccine.

Providers commissioned to vaccinate eligible public cohorts must also provide Covid-19 vaccination appointments via the NBS as well as walk-in capacity (where operationally feasible to do so). LBS can also be used alongside the NBS.

Providers must confirm with regional commissioners ahead of sharing co-administered Covid-19 and / or flu vaccination appointments on NBS.

National Covid-19 call/recall service for eligible patient cohorts will commence on 18 September 2023.

**32. Are national colleagues confident that the new delivery model of the targeted deployment model (TDM) will work and that all issues have been ironed out?**

The technical aspects of the TDM have been deployed and tested. The model does require the ongoing accuracy of data to optimally perform. It is vital that sites record VVE and stocktake data in a timely manner.

Sites must conduct a weekly stocktake (minimum of once every seven days) and record it in Foundry Site Stock Manager following their first delivery of vaccine. Regular wastage records should also be completed.

Existing sites should already be following this process and must ensure vaccine records are up to date before campaign commences. Training material on how to complete a stocktake and wastage record will be available on [FutureNHS](#) by 8 September 2023.

The recording of vaccination events daily via the PoC systems, weekly stocktakes (as a minimum) and wastage, will be key to ensure supply replenishment is triggered

for sites. The above data points will all be used alongside future bookings on the NBS or LBS to determine when sites require additional supplies to be delivered.

33. **(NEW: 14 Sept 23)** The system [letter](#) of 11 August advises that “where sites have issues with larger supply volumes, central storage solutions will be made available via your regional team” – what does this mean?

The central storage solution refers to our Specialist Pharmaceutical Logistics (SPL) Provider. Our SPL provider has always held all Covid-19 stock centrally before it is equitably distributed to sites through the supply process, and this will continue to be the case in this campaign. The only change will be the method in which supply is distributed, as we will be using a Targeted Deployment Model as opposed to a Capped Pull model.

## CLINICAL

34. **What is the clinical rationale for accelerating the autumn/winter Covid-19 vaccination campaign? Can we expect the existing Covid-19 vaccines in use to offer protection for the new variant?**

UKHSA conducts routine monitoring and surveillance of Covid-19 and the emergence and spread of new variants internationally. A new variant, BA.2.86 was identified due to its high number of mutations. The mutations, including many in spike protein, mean that the variant may be antigenically altered compared to previously circulating variants, and other changes in viral properties are also possible.

There are a small number of cases identified globally but as genomic surveillance is now very limited internationally, there is a very high degree of uncertainty about the spread and growth of this variant at present and the situation is dynamic. It will take a period of several weeks to grow the virus and confirm its biological properties, and epidemiological studies cannot be conducted until there are a larger number of cases to include.

Should this variant cause an increase in transmission, the earliest epidemiological signal may be from increasing hospital admissions in the UK or other countries. Waiting to respond until this data is available will mean that any interventions are unlikely to change the impact on health services.

The single intervention with the greatest potential to reduce the impact of any emergent variant with the potential to increase transmission is vaccination. Given the timing of the emergence of BA.2.86 and the uncertainty regarding its growth, it is the clinical recommendation of the Chief Medical Officer and UKHSA that the Covid-19 vaccines already licensed and in stock can be used to boost protection now rather than waiting to start the autumn campaign in October. This is in keeping with the existing advice of the JCVI that the latest available licenced vaccines be used until other vaccines, that target this or other more recent variants, become available.

It is important to note the UK population has comparatively higher levels of both infection-derived and vaccine-derived immunity compared to earlier in the pandemic. This is a precautionary action while UKHSA and partners are able to develop a more [detailed assessment](#) of the new variant.

**35. Shouldn't we wait to vaccinate the most vulnerable with the correct vaccine?**

Please refer to the latest JCVI advice available [here](#), and the revised Chapter 14a of the [Green Book](#).

**36. Are you able to confirm which Covid-19 vaccines will be used for this campaign, and when training and the product information leaflet will be available?**

Please see the recent [JCVI](#) advice. Initially BA.4-5 vaccines will be deployed those aged 12 years and over. For further detail, see the [Deployment Guide](#).

Patient leaflets will be supplied with the vaccines. Please refer to the final section of this document for information about training.

**37. Where we have already given a second Covid-19 vaccination dose to under 5s - should we give a third dose when the newer Covid-19 vaccine is available?**

Yes, if they reach a 3-month interval before the end of the Autumn campaign. Please see the revised [Green Book](#).

**38. When will we have updated PGDs and National Protocols to support this campaign?**

The first edition of the Patient Group Directions (PGD) and National Protocol for adults will be available on the [NHS England website](#) on 7 September 2023. The PGD and National Protocol for 5-17 years olds will follow later, anticipated 22 September 2023.

Information about the different legal mechanisms for administration of Covid-19 vaccines can be found [here](#) and at the Specialist Pharmacy Service web page [here](#).

**39. (NEW: 14 Sept 23) Are there any plans to offer a further Covid-19 vaccine/booster offer in January?**

Following identification of the new BA.2.86 variant of Covid-19, expert advice is clear that this represents the most concerning new variant since Omicron. UKHSA has determined that the most appropriate intervention with the greatest potential public health impact is to vaccinate all those eligible, quickly. UKHSA will monitor the situation closely and JCVI will advise on any future Covid-19 vaccine requirements based on evidence.



## VACCINE MANAGEMENT AND SUPPLY QUERIES

### **40. When will Covid-19 vaccine supply begin?**

Covid-19 **vaccine supply** commenced from 4 September 2023, and will introduce the targeted deployment model to provide a frontloaded intake during the autumn campaign. Vaccine supply is not a constraint for this campaign and providers will automatically have supply replenished.

### **41. Are there any plans to allow practices to get Covid-19 supply direct from central sources and not PCN level?**

Practices are required to continue to collaborate at a PCN Grouping level to deliver the Covid-19 vaccination service in autumn/winter 2023-24.

### **42. How will you ensure a constant supply of vaccines? We are concerned that using bookings won't work to replenish stock.**

A frontloaded intake will be provided to all sites prior to the start of the campaign until 16 September 2023. Replenishment will commence from 19 September based on actual sites' activity and booking visibility following the "Day 1 to Day 3" delivery process.

### **43. Will the Day 1 to Day 3 order/delivery relate to Monday to Friday working days only?**

Yes, standard delivery schedule includes working days only. If required, exceptional vaccine supply can be supported by Saturday deliveries.

### **44. Is co-admin a requirement?**

Systems should maximise opportunities to co-promote and co-administer Covid-19 and Flu vaccinations where possible and clinically advised, especially where this improves patient experience and uptake.

### **45. Are PCNs and practices covered by the Clinical Negligence Scheme for General Practice when delivering the flu-Covid-19 service?**

Yes. CNSGP applies as set out in the GP Covid-19 and flu service specifications.

### **46. Does the PCN Grouping collaboration agreement facilitate the movement of Covid-19 vaccine from PCN designated site to individual practice site? What assurances are required for practice site to receive & deliver Covid-19 vaccine on site?**

Vaccine can continue to be transferred between sites within a PCN grouping in accordance with the published policy available [here](#).

### **47. What is the email address/ phone number for supply queries?**

Any queries at site level should be escalated to your regional team for them to liaise with the central supply team.

## OPERATIONAL DELIVERY AND CONTRACTING

### **48. In light of the new information received on 30 August, will primary care providers who have not signed up to deliver the Covid-19 vaccination service have opportunity to reconsider?**

The deadline for the sign up/expression of interest process was extended until **4 September 2023** although further providers can be commissioned by exception after this date in line with the relevant service specifications/schedules and for community pharmacies, the EOI guidance. Commissioners should be mindful of onboarding timescales when agreeing exceptions.

### **49. When will community pharmacies receive confirmation of the outcome of the expression of interest process?**

The original date was 5 September, but regions and systems are working hard to confirm as soon as possible given the changes announced on 30 August and extension of the expression of interest period.

### **50. Please can we ensure that assurances for off-site vaccination centres like ours, which we've used since the start, are fast tracked? This will be key to sites like ours meeting demand efficiently.**

Teams are working hard to reactivate existing sites and to designate new sites to ensure that they have sufficient coverage and capacity across their region. We have streamlined assurances processes wherever possible (as set out in the [Deployment Guide](#)). We are very grateful for sites supporting this work by providing information rapidly when it is requested so that assurances can be met.

### **51. Can practices/PCNs use enhanced access appointments to deliver flu and Covid-19 vaccinations?**

It is important this year to maximise the opportunities for flu and Covid-19 vaccination delivery in accordance with the relevant service specifications. Under the Network Contract DES, PCNs must provide pre-booked appointments. It is therefore possible for the PCN to offer patients individual flu vaccinations, where it is convenient, in a proportion of the enhanced access appointments in a given daily 'block' of appointments. Similarly, where the PCN is the same as the PCN Grouping, then Covid-19 appointments can also be offered. In providing a proportion of appointments for flu and/or Covid-19 vaccinations during a block of enhanced access, practices/PCNs and commissioners must ensure sufficient time is still made available for routine activity in that block which is available to all patients.

### **52. Are we permitted to conduct our own patient vaccinations even if we're not part of a PCN? (subject to ongoing resolution efforts by our local ICB)?**

Practices are required under the enhanced service specification to collaborate as a PCN Grouping to deliver the Covid-19 vaccination service. Please reach out to your NHSE regional team/ICB to discuss options.

**53. Can you confirm whether HCAs and other HCPs other than GPs and Nurses are able to give the vaccinations? This will help make completion faster.**

The PGD and National Protocol will be made available to support administration in line with previous campaigns.

Workforce and training information can be found [here](#) on FutureNHS.

Guidance on workforce planning and skill-mix is included in the Covid-19 Autumn Vaccine [Deployment Guide](#).

**54. If a practice within a PCN opt out from the programme, does that mean the other participating practices can't join as a PCN? Will there be super hubs at borough level or super PCNs for those practices who still want to join the programme?**

If a practice opts out of the Covid-19 vaccination programme but other practices in the PCN Grouping wish to continue and meet the requirements of the ES, they can do so.

**55. (NEW: 14 Sept 23) Do COVID-19 vaccination programme teams need to issue the Detained Estates Schedules to providers who will deliver COVID-19 vaccinations in detained estates settings? Are different operational processes in place for vaccination services in detained estates settings?**

NHS England regional health and justice regional commissioners are responsible for commissioning Covid-19 vaccinations in detained estates (DE) and issuing the relevant schedules which can be found here [insert link].

In terms of stock taking and wastage recording and the DE LVS site and supply processes in general, these are completed by DE LVS in the same way as other vaccination delivery models as advised by the local RVOC/SVOC leads.

**56. (NEW: 14 Sept 23) Once a PCN Grouping confirms they wish to participate in this campaign, does a contract variation need to be sent to each practice?**

Once the PCN grouping confirms they are participating in the autumn / winter programme and have completed their collaboration agreement and it is confirmed they meet the requirements, the local commissioner should write to the practices to confirm a contract variation to the practices' contracts.

**57. (NEW: 14 Sept 23) How can GP Federations participate in delivering Covid-19 vaccinations?**

GP practices in the GP Federation that wish to participate in the Covid-19 vaccination programme could form a PCN grouping and sign up to the Enhanced Service (subject to meeting the requirements). GP Federations could also enter a subcontracting arrangement with another provider eg, another PCN Grouping if this were mutually agreed, and requirements were met.

58. **(NEW: 14 Sept 23) Do practices not delivering the COVID-19 vaccination service need to share information on eligible patients with the local commissioner?**

Yes. Practices that are not delivering Covid-19 vaccination under the current enhanced service specification should share lists of eligible patients with their local commissioner where these patients cannot all be identified by national call/recall, so the commissioner can arrange alternative provision from another provider. Patients who cannot all be identified nationally are likely to be immunosuppressed patients and housebound patients. Practices are required to provide information to the local commissioner under the duty of co-operation requirement in their GMS / PMS / APMS contracts and this request is necessary for reasons of public interest.

## COMMUNICATIONS

59. **What are NHSE doing to support the autumn/winter vaccination programme from a comms perspective?**

The health and social care worker winter vaccinations toolkit is now available on [CommsLink](#). The toolkit includes the seasonal core script, resources, information on delivery models and FAQs to inform conversations and encourage staff to get both vaccinations.

Campaign materials to support H&SCW vaccination uptake are also available to pre-order until 11:59pm Friday 8 September. Alternative versions are available with social care branding for use as appropriate.

To order printed materials click [here](#). Digital versions of these campaign assets will be available for download mid-September at the same link. Please continue to share these resources with your networks.

There will also be a national call/recall programme again this year to complement local invitations. A major marketing and communications campaign will also start before winter and run during the peak winter period.

## TRAINING AND DEVELOPMENT

60. **How can I access the latest training and development information?**

- [COVID-19 Vaccination e-learning programme](#). (A revised version of the Comirnaty Original/Omicron BA.4-5 training will also be available)
- [Covid-19 Vaccinator competency assessment tool](#)
- [UKHSA national minimum standards for immunisation training](#)

- [Covid-19: vaccinator training recommendations](#), [Covid-19 vaccination programme website](#)
- [Immunisation training standards for healthcare practitioners](#)
- Workforce and training information is [here](#) on FutureNHS.
- Guidance on workforce planning and skill-mix is included in the Covid-19 Autumn Vaccine Deployment Guide available at [here](#) on FutureNHS.