

Regional Clinical Advice Response Service 25/02/21

For any COVID-19 vaccination related queries or to escalate an incident please contact:
england.swcovid19-voc@nhs.net

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Supporting CCGs to Address Vaccine Inequalities – Letter to CCG Accountable Officers, GP practices, PCN leads, LVSS, ICS system leaders, LAs, Regional Directors of Commissioning and Regional Directors of Commissioning Finance - 24 February 2021.

The full letter with appendices can be read [here](#).

Dear colleagues

Thank you for the work you are doing to address vaccine inequalities in your area. This letter describes further national action to enable and locally deliver community activity and engagement to support COVID-19 vaccination access and uptake, building on the vaccine uptake strategy.

Our approach is influenced by three factors of vaccine hesitancy identified by the WHO:

NHS England and NHS Improvement



confidence, convenience and complacency and is intended to support local systems to intensify meaningful and respectful activity in their local communities to improve vaccine uptake and ensure health inclusion.

Emerging data shows differences in uptake rates within the first four JCVI priority cohorts, despite overall high level of vaccine confidence and approval in older age groups. Initial data suggests that:

- Black African communities have the highest hesitancy compared to other ethnic groups
- Pakistani and Bangladeshi communities have higher hesitancy than White British/Irish and Indian communities
- Gypsy, Roma and Traveller communities, people experiencing homelessness and Asylum seeker, Refugee and migrant populations may need additional routes to access the vaccine
- Income and socio-economic circumstances correlate with lower levels of uptake

The COVID-19 vaccine deployment programme, working with partners, will make available an extra £4.2m of funding initially, to further support and enable locally led community engagement in all areas with health inequalities. Each STP will receive a notional allocation of £100k, to be used across its constituent CCGs ([See Appendix I](#)); the STP will determine how the funds will be shared between the CCGs, but we would expect the shares to take account of the relative health inequalities and existing sources of funding across the whole of the STP.

This resource aims to complement the substantial investment made by the Ministry for Housing, Communities and Local Government to support community champions by offering a targeted resource to those systems that are performing poorest in vaccine uptake amongst ethnic minority communities. We expect that the best outcomes will come from working directly with local authorities and community organisations, building on their strong links into specific communities and effective communication tools.

Based on cohort penetration in cohorts 1 to 4, CCGs with low uptake in ethnic minority communities or low uptake in marginalised or deprived communities will be provided with data on vaccine uptake within their local PCNs and at a postcode level to support a focused and granular response to local challenges. The additional funding should seek to develop and deliver local solutions, and should be focused on intensifying existing or novel local engagement activity that focuses on one or all of the following:

Confidence (vaccine hesitancy)

- a) Understanding the reasons for hesitancy, especially in BAME communities, and
- b) Developing solutions for overcoming hesitancy, especially with BAME communities

Convenience (barriers to access)

- c) Understanding the barriers to access, especially for health inclusion groups, and
- d) Addressing, minimising or removing barriers, especially for health inclusion groups

Complacency

- e) Understanding the reasons for complacency in certain groups, especially younger populations, and
- f) Developing local solutions to support civic and individual responsibility, especially in younger populations

CCGs will be asked to develop a plan in collaboration with the local community, agreed with the local Director of Public Health, detailing how they intend to utilise the initial funding and outline any additional longer-term strategic and systemic engagement required to address local needs. These will be reviewed and evaluated by regions, with further monies released in March 2021 to support further implementation and delivery.

Resourcing approach

STPs should make plans to invest as required to i) support activity now to increase vaccine uptake, ii) support and intensify existing engagement activity, and ii) to support local systems to develop a plan for longer-term strategic and systematic engagement to address local need. CCGs should claim for costs actually incurred through the monthly claims process.

Measuring success

Regions and STPs have access to vaccine uptake data that can be split by ethnic minority background and deprivation. Directors of Public Health will also have access to patient level data. The progress and success of local approaches will be demonstrated by an increase in uptake among those communities that currently have low uptake, as described above.

Temporary vaccination clinics

Alongside this letter we are publishing details of how local vaccination services run by PCN groupings or community pharmacy can set up temporary vaccination clinics in community settings, including places of worship. This creates huge opportunity to make a tailored offer to communities that improves take-up.

Best wishes

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Further Opportunities for PCN and Community Pharmacy Vaccination Sites to Partner with Community Venues to Deliver Temporary Vaccination Clinics

The full letter with appendices can be read [here](#)

Dear colleagues

Thank you for your continued efforts to ensure that all eligible patients are offered a COVID-19 vaccination.

It is critical that nobody is left behind, and we are writing to make you aware of some further opportunities to reach out to communities with lower uptake levels by operating temporary vaccination clinics in community venues.

In particular, a large number of places of worship have expressed an interest in supporting the COVID-19 vaccination programme. A list of the venues which have volunteered to host temporary vaccination clinics can be found on the NHS Futures Platform. We are keen to support these venues – subject to them meeting essential safety criteria – to partner with existing PCN and pharmacy providers to host roving COVID-19 vaccination clinics.

CCGs and local commissioners are asked to help facilitate conversations between the venues and PCN groupings delivering the Enhanced Service (ES) and/or Community Pharmacies delivering the LES and to advise their NHS England regional team if a provider is able to hold a temporary vaccination clinic from these sites.

NHS England through its regional teams may commission the temporary vaccination clinic under the terms of the ES (for GP practices collaborating in a PCN grouping) or the LES (for Community Pharmacy) and will confirm in writing with the provider the arrangements, which should include:

- A definition of the population who will be invited to take up vaccinations at the temporary vaccination clinic and which must be restricted to currently eligible and authorised cohorts. If this is likely to include eligible patients who are registered with another practice outside the PCN grouping that is being commissioned, the commissioner should try to inform the practices concerned that this additional choice is being made available to enhance uptake levels.
- Confirmation of how patients will be invited to the clinic.
- Confirmation of any other providers who will be vaccinating at the venue and the agreed schedule they will work to. The capacity of individual venues and preferred local arrangements will guide whether multiple providers can use the space at the same time, but this is unlikely to be advisable.
- A definition of the timeframe for when the clinic will be set up, on which dates and the agreed stand down date.
- Assurance that where required, equipment will be provided locally.

If a provider is commissioned to deliver COVID-19 vaccinations from a temporary vaccination clinic:

- The provider would receive £12.58 per vaccination delivered at these clinics under the terms of the ES (for PCN groupings) and LES (for community pharmacies).
- The provider would need to transport AstraZeneca (Oxford) vaccine and associated consumables to the clinic from its existing allocation. Further guidance on the movement of this vaccine can be found [here](#). It will not be possible to transport the Pfizer vaccine for use at these temporary vaccination clinics.
- Second dose clinics will also need to be scheduled at the same venue within the required time period.
- It is anticipated that the venue itself would, in most cases, be available free of charge but some running costs may be reimbursable if VFM requirements are met. These costs will be funded through the Reasonable Additional Costs funds which must be agreed by CCGs and local commissioners and paid through regions. The guidance for these

payments for PCN sites can be found here: [Financial Guidance for PCNs v3 29 Jan 2021 - Primary Care Networks Development Support - FutureNHS Collaboration Platform](#). The guidance for Community Pharmacy sites can be found [here](#). Providers are encouraged to use the Licence to Occupy template available on [NHS Futures](#). Buildings insurance will be covered by landlords, contents insurance should be taken out by tenants.

Providers are also encouraged to consider whether they need to undertake a security risk assessment. A template is available on [NHS Futures](#). If the venue is only available for a short period (i.e., 1-2 day), providers would need to use their existing roving kits to deliver the clinics and no further equipment would be provided.

If the venue is available and commissioned for a longer period (e.g., once a week for 5 months), the provider may request an additional roving SIL from NHS England but should only do so where existing equipment cannot be used. Where it is possible to provide an additional roving SIL, providers should allow 10 days for the SIL to be delivered. If equipment/chairs/tables/screens are needed, commissioners should seek to provide this through mutual aid. Commissioners should also undertake a visit to ensure the venue meets minimum requirements. A checklist is included at [Appendix A](#).

The Standard Operating Model for this temporary vaccination clinic model will be included in the [COVID-19 local vaccination services deployment in community settings SOP](#) in due course.

For further information, please contact: england.pccovidvaccine@nhs.net

Finally, there may be further community venues that are able to support the COVID-19 vaccination programme. We would encourage local commissioners to explore further opportunities particularly in areas with the greatest health inequalities.

Thank you again for your ongoing support.

Best wishes

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NHS England and NHS Improvement NHS England and NHS Improvement

COVID-19 Vaccination of Patients Prior to Immunosuppression

Colleagues are asked to review the changes in the Green Book which provide national guidance around vaccinating patients before immunosuppression. Please click the relevant link if you are delivering the vaccines within a [hospital hub](#) or if you are delivering vaccines at a [local vaccination site](#) for full reference to the guidance and further information. [NHS Futures login required]

COVID-19 Vaccination of Citizens Who Are HIV Positive

The Green Book is clear that people living with HIV, at all stages of infection, should be offered COVID-19 vaccination due to the associated immunosuppression. These individuals, because of their underlying health condition, are part of cohort 6 for COVID-19 vaccination as defined within the JCVI guidance.

It is expected that the majority of patients will be invited for vaccination by their general practitioner. However, it is known that a small proportion have declined sharing their HIV status with their GP. Under these circumstances, HIV clinics should continue to engage with individuals and encourage and support them to share their HIV status with their GP. There are wider health benefits of this, beyond their HIV care or access to COVID-19 vaccination. In the event that the patient declines for this to occur, the HIV clinic should facilitate vaccination in accordance with Immunisation Against Infectious Diseases (the Green Book), most likely via a local vaccination hospital hub.

Guidance on Vaccinating Those Aged Under 18 - Update

The AstraZeneca vaccine is not licensed for use in those under the age of 18. Should any young staff members or volunteers (aged 16 -17) present to a Vaccination Centre for vaccination, they should be referred to their GP or local Hospital Hub where they can access the Pfizer vaccine which is authorised for this age group.

If the Pfizer vaccine is unavailable, JCVI have recommended that the AZ vaccine can be used as an alternative in those aged 16-17 years. This is outside the license and must therefore be done under a PSD (by a medical prescriber) and cannot be done under a PGD (Patient Group Directions) or National Protocol.

As vaccination centres do not routinely vaccinate under a PSD (Patient Specific Directions), and Pfizer is not currently available at vaccination centres, 16-17 year olds should not be vaccinated in a Vaccination Centre.

This guidance is also in line with the primary care letter ([C1124-Vaccination-of-cohorts-5-6-and-additional-funding-for-residential-settings-13-Feb-2021-1.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/media/1234567/C1124-Vaccination-of-cohorts-5-6-and-additional-funding-for-residential-settings-13-Feb-2021-1.pdf)), which describes that Pfizer is the vaccine of choice for clinically extremely vulnerable young people aged 16 – 17 years old. As Pfizer is not currently available at Vaccination Centres, this group would be vaccinated in Hospital Hubs or at PCN sites. If Pfizer is unavailable, the use of the AZ vaccine would need to be authorised by a prescriber under a PSD.

Ensuring Vaccines Are Available for Those Who Need Them Most

We know that local teams are working hard to offer the first crucial dose of the vaccine to everyone in the top priority groups by the middle of February. The NHS has the staff and the facilities to do this, with more than 1,500 individual vaccination services already in operation and more set to follow. But meeting this ambition depends on the NHS getting enough doses of vaccine from suppliers, and then making sure that every dose gets to the arms of those who need it the most.

That means that only those who are in the highest priority groups should be vaccinated right now – those who are aged 65 and over, care home residents and staff, those who the

Government have identified as being clinically vulnerable, and frontline health and social care workers who come into contact with vulnerable children and adults.

The vast majority of school and early years workers don't fall within these criteria, so it is important that this group and others wait for when it is their turn to be called.

It means that vaccines have to be spread around the country based on how many people in each area are yet to be protected. Every part of the country should have enough vaccine for the priority groups who live there. And it means the NHS needs to follow the guidance from the JCVI and the four UK Chief Medical Officers on delivering vaccines 12 weeks apart. Please refer to the ["green book"](#) for more details about cohort inclusions, the last update was the 12th February.

Updates to the COVID-19 Vaccination Enhanced Service

We have made a few small updates to the Enhanced Service for the COVID-19 vaccination programme 2020/21 – [read here](#). These changes have been agreed with the General Practitioners' Committee of the British Medical Association and expand the circumstances in which a PCN Grouping can vaccinate eligible patients registered with other practices/another PCN grouping.

- Under the revised terms and subject to commissioner approval, a PCN grouping can vaccinate eligible patients registered with another PCN grouping in a residential setting e.g., care home for patients with a Learning Disability (the previous wording only permitted vaccination in an older adult care home).
- It is also possible for a PCN grouping to vaccinate an eligible patient registered with a Defence Medical Services practice, if the patient requests to be vaccinated at a PCN designated site (as opposed to their Defence Medical Practice) and the PCN grouping is able to support this.
- To reflect the additional supplements for vaccinations in care homes and other residential settings, we have also included a new paragraph to clarify that NHSE/I may make additional discretionary payments available to GP practices to support the delivery of or incentivise vaccinations in particular seldom heard groups in exceptional circumstances. [Read here](#) for further information on additional funding available to support COVID-19 vaccinations in residential settings.

Vaccinating Adult Carers

According to the JCVI and Public Health England Green Book, adult carers are "those who are eligible for a carer's allowance, or those who are the sole or primary carer of an elderly or disabled person who is at increased risk of COVID-19 mortality and therefore clinically vulnerable". Two data sources are being used to identify those who are eligible within this definition: those flagged as carers in GP systems, and those assessed by DWP as eligible for Carer's Allowance. Those who have a carers flag on GP systems are being called by PCN LVSSs, as in many cases they will accompany the person they care for if they are also being vaccinated in cohort 6, for example those with learning disabilities. From Saturday 20 February those identified within these groups will be able to book via the National Booking Service.

To support maximising all available capacity and vaccine supply in your area for adult carers, local systems are asked to take the following action:

a) Use local communication and engagement networks to advise eligible adult carers (i.e. those known to be eligible for Carer's Allowance) that they can make a booking via the NBS or 119 in advance of receiving their letter of invitation. Local Authorities have strong community and third sector networks which can support systems to explain and communicate this to local communities.

b) This initial phase of adult carers do not need to provide any evidence of eligibility as they are already identified as eligible and will be able to book with their personal details or NHS number.

c) Carers under 18 will not be able to book using the National Booking Service. Those under 18 will need to be invited by their LVS where they can receive the Pfizer vaccine.

New COVID-19 Vaccination Support Materials for People with a Learning Disability

These resources will help staff provide accessible appointments to ensure people with a learning disability and autistic people in a high-risk group have safe and equitable access to COVID-19 vaccination:

- [Covid Vaccine film](#) produced by Skills for People and Learning Disability England
- PHE [easy read Covid vaccination leaflet](#)
- PHE [easy read What to expect after the vaccine leaflet](#)
- PHE [easy read Consent form for adults](#)

Additional [training materials for COVID 19 vaccinators and volunteers](#) provide top tips on communicating with people with a learning disability and autistic people and reasonable adjustments that should be considered.

Volunteer Vaccinations

As you'll be aware from the [letter](#) of 7 January 2021 covering vaccinations for healthcare workers and volunteers, all volunteers working at a vaccination centre are eligible (as part of the JCVI Category 2) for a vaccination themselves. Please can you ensure that in all vaccination centres this is offered to each volunteer either at their site induction or during their first shift to ensure this offer is made. As a minimum this will cover all St John Ambulance and RVS volunteers deployed to vaccination centres and will also cover other volunteers who meet the criteria set out in the letter who are similarly deployed.

We would ask you to ensure that the lead employers are sighted on the requirements outlined above and that there are clearly documented processes in place to support the operational delivery of this ask.

JCVI advises inviting all people on the GP Learning Disability Register for COVID-19 vaccination

The Joint Committee on Vaccination and Immunisation (JCVI) has advised the government and the NHS to invite all people on the GP Learning Disability Register for COVID-19 vaccination.

The JCVI's advice remains that adults with severe and profound learning disabilities, and those with learning disabilities in long-stay nursing and residential care settings, should be offered the

vaccine in priority group 6 (people with Down's syndrome are included in group 4). Adults with less severe learning disabilities are not currently prioritised.

However, GP systems may not always capture the severity of someone's disability, meaning some adults who are more severely affected by learning disabilities may not be invited for vaccination alongside people with other long-term health conditions. Therefore, with immediate effect, local vaccination services are asked to offer the vaccine to all adults on their GP Learning Disability registers.

A letter from the Health and Social Care Secretary on COVID-19 vaccination in people with learning disabilities can be accessed [here](#).

Lateral flow devices for NHS staff and volunteers at vaccination sites

Primary care contractors leading PCN grouping or pharmacy vaccination sites are asked to ensure that they place an order for lateral flow devices by 6th March for NHS staff and volunteers working at vaccination sites, who may be running out of test kits in the coming weeks.

These orders should continue to be placed through [PCSE online portal](#). Where more than 27 between members of staff and volunteers are likely to run out of tests in the coming weeks, contractors should continue to email PCSE directly on pcse.urgentsupplies@nhs.net and ask for a larger quantity.

It is important that orders placed this week and next week prioritise staff and volunteers at vaccination sites who are likely to run out of tests shortly, to ensure delivery capacity is in place to deliver LFDs timely for staff at vaccination sites, who were the first ones to receive tests in December and therefore are likely to run out in March.

We encourage primary care contractors in a PCN grouping that whenever possible they agree one leading contractor to place the order through the PCSE portal to simplify the process.

Plans are being finalised to provide a further three months' supply of lateral flow devices to all primary care staff and primary care contractors will be contacted shortly with further information about the process and next steps.

All people who have had a stroke or TIA must be offered the Covid-19 vaccine in priority group 6

The Stroke Association colleagues have advised that they are seeing a prevalence of calls to their Helpline from stroke survivors who are being told different eligibility criteria for the Covid-19 vaccine by their doctors and in some instances, are not being offered the vaccine as a result.

Given the high prevalence of stroke and the resulting clinical frailty, we want to remind you that **all stroke survivors (including subarachnoid haemorrhage) and those who have had a TIA** are in priority group six and are therefore eligible to receive the vaccine. Read more about the schedule for the UK and the eligibility criteria for cohort six in the [Covid-19 Green Book Chapter 14a](#).

Steward Volunteers provided by the NHS Volunteer Responders programme

A national pool of over 74,000 Steward Volunteers are available to support with non-clinical tasks at vaccination sites. These are ready-to-use, unpaid volunteers who are managed, trained and paid expenses by the NHS Volunteer Responders (NHSVR) programme. Primary care sites can access these volunteers by making a request via their Lead Employer and volunteers will be provided free of charge to local sites. The maximum shift length is 6 hours. Find out more [here](#).

Steward Volunteers can undertake any tasks which support the smooth-running of vaccination sites and would not normally be filled by paid staff. These include:

- managing queues
- greeting and directing people
- monitoring numbers
- overseeing social distancing measures

Primary care benefits from national volunteer pool

GPs in Rochdale are successfully drawing down Steward Volunteers from the national pool of NHS Volunteer Responders (NHSVR) to support their vaccination sites.

Dawn O'Brien, HMR Primary Care Academy Manager from Rochdale Health Alliance – a local GP federation – has been using the NHSVR programme since the middle of January to book Steward Volunteers for shifts at vaccination sites across Rochdale, Heywood and Middleton. She requests between 12-30 volunteers a day to cover morning and afternoon shifts which vaccinate an average 1,500 people per day when the sites are open.

Dawn said: "The NHS Volunteer Responder programme has been brilliant. What I really like is how easy it is to request volunteers. Each time shifts are posted; they are filled in 15 minutes. All of the volunteers have been competent and it's reassuring to know they have already been ID-checked and are managed by the programme. They turn up with their own high-viz vest and expenses are covered which is one less thing to organise."

Needlestick Protocol

Non-clinical staff and returning staff working within the COVID-19 vaccination programme were not deemed as requiring Hep B vaccination due to the low risk of needlestick injury. The occupational health guidance for the COVID-19 vaccination workforce states, *that staff should receive training on how to manage a needlestick injury including reporting processes and the use of the local Trust protocol to manage needlesticks with immediate access to first Hep B given at the time of the needlestick followed by preferably a rapid course.*

The lead employer is responsible for the application of this guidance to any worker or volunteer that are engaged or deployed by the Lead employer to any setting, including to primary care (PCN and community pharmacies). The lead employer therefore must have in place a protocol to manage needlestick injuries across all delivery pillars. This protocol must be in place, communicated to the relevant sites and form part of the locally agreed site induction.

If a needlestick injury occurs in primary care in a worker or volunteer supplied through the lead employer arrangements, there is a responsibility of primary care to complete their local incident reporting process, with support where necessary from the lead employer. The lead employer is

responsible for ensuring compliance with their own trust procedures and that the worker has early access to appropriate occupational health support, including treatment of the injury.

Additional Resources Available This Week

[Which Covid-19 Vaccine – Poster](#)

All vaccination sites can now [download short animations and posters to display in waiting room areas](#). Animations are available in 16 different languages (Arabic to follow) and each can be downloaded and shared across communities too. If your site is unable to play animation on a loop, then you can display the posters which include a QR code linked to the videos on YouTube for the public to access. The animations are subtitled and can be played on mute as well. It is for sites to decide which language(s) to play in the waiting area.

All COVID-19 vaccination queries and incidents should be directed to:
england.swcovid19-voc@nhs.net