

Regional Clinical Advice Response Service 23/07/21

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

Please note that from Monday 2nd August CARS will become ICARS and will operate 9am-5pm Monday to Friday. Please see attached slide set for further details and a new generic email address for the ICARS service.

**PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE
VACCINATION PROGRAMME**

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Letter Regarding Joint Committee on Vaccination and Immunisation (JCVI) Guidance in Relation to COVID-19 Vaccinations for Children and Young People

Dear colleague

We are writing to you following Monday's updated independent Joint Committee on Vaccination and Immunisation (JCVI) guidance in relation to COVID-19 vaccinations for

NHS England and NHS Improvement



children and young people:

<https://www.gov.uk/government/publications/covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-jcvi-statement/jcvi-statement-on-covid-19-vaccination-of-children-and-young-people-aged-12-to-17-years-15-july-2021>

The guidance states:

“A small number of children and young people with underlying chronic conditions are at increased risk of serious COVID-19 disease.

JCVI advises that children and young people aged 12 years and over with specific underlying health conditions that put them at risk of serious COVID-19, should be offered COVID-19 vaccination.

Government advisers are currently reviewing evidence on the risk of COVID-19 in children and young people considered clinically extremely vulnerable. Once this review has reported, the finding will be considered by JCVI and will inform further guidance.

At the current time, children 12 to 15 years of age with severe neuro-disabilities, Down’s syndrome, underlying conditions resulting in immunosuppression, and those with profound and multiple learning disabilities (PMLD), severe learning disabilities or who are on the learning disability register are considered at increased risk for serious COVID-19 disease and should be offered COVID-19 vaccination.

Young people aged 16 to 17 years of age who are at higher risk of serious COVID-19, as currently set out in the Green Book, should continue to be offered COVID-19 vaccination.

Further details regarding other specific underlying health conditions for which an offer of COVID-19 vaccination is advised will be provided in the Green Book: Immunisation against infectious disease.

Persons who are immunosuppressed are at higher risk of serious disease from COVID-19 and may not generate a full immune response to vaccination.

JCVI advises that children and young people aged 12 years and over who are household contacts of persons (adults or children) who are immunosuppressed should be offered COVID-19 vaccination on the understanding that the main benefits from vaccination are related to the potential for indirect protection of their household contact who is immunosuppressed.

Clear information on the potential risks and benefits of vaccination should be provided to the child and those with parental responsibility prior to vaccination.

Until more data become available, JCVI does not currently advise routine universal vaccination of children and young people less than 18 years of age. JCVI will keep this advice under review as more safety and effectiveness information become available on the use of COVID-19 vaccines in children and young people.

The health benefits in this population are small, and the benefits to the wider population are highly uncertain. At this time, JCVI is of the view that the health benefits of universal

vaccination in children and young people below the age of 18 years do not outweigh the potential risks.

Operationally, it is considered reasonable to allow a lead-in time to offer vaccination to those children who are within three months of their 18th birthday to ensure good uptake of vaccine in newly-turned 18 year olds.”

ACTIONS NOW REQUIRED

The vaccination of eligible children and young people will require a system-based approach, involving the NHS, Local Authorities and other local partners. Integrated Care Systems working with vaccination providers and regional teams should now develop an operational plan that covers the following areas.

To note, the national protocol and Patient Group Direction (PGD) for the Pfizer BioNTech Covid-19 vaccine are being updated to reflect the new JCVI advice. In the meantime until they are updated and in line with PHE advice, the current protocols and PGD do already allow some flexibility for patients to be called for vaccination before their 18th birthday. This means that ‘18’ in the existing protocol and PGD can in present circumstances be interpreted as including 17 year olds within 3 months of their 18th birthday, where this is necessary to support high vaccine uptake. Children aged 12-15 in the groups specified by JCVI can only be vaccinated using a PSD until the documents are updated. 3

- A. Children and young people aged 12 years and over with specific underlying health conditions that put them at risk of serious COVID-19 and Children and young people aged 12 years and over who are household contacts of persons (adults or children) who are immunosuppressed.

Delivery plans must ensure:

- Children are offered a first dose vaccination before returning to school in September. Therefore, it is expected that first dose vaccinations for eligible children aged 12-15 to be operational from w/c 23 August at the latest with invitations issued in advance.
- The ability to vaccinate children aged 12-15 using an appropriate mix of PCN led Vaccination services; Hospital Hubs; and School Aged Vaccination and Immunisation Services.
- All eligible children should receive a consistent offer of COVID-19 vaccination that promotes access, minimises journey times and recognises the complex needs of children identified as requiring vaccination, recognising home visits may be suitable for some children.
- Arrangements are in place to vaccinate children in secure accommodation or residential care.
- Many of these children will be in contact with hospital and Local Authority services and will benefit from opportunistic vaccination in a specialist setting where children and their parents are able to discuss their individual needs. Systems should work with Acute and Community Trusts and Local Authority teams to undertake opportunistic vaccination if possible and where supply allows at the earliest opportunity.
- PCN Groupings will require indemnity to vaccinate these children. A contractual agreement will be put in place nationally which will follow shortly pending appropriate engagement with professional bodies.

B. Children who are within three months of their 18th birthday

Delivery plans must ensure:

- Existing local COVID-19 vaccination delivery models can be used for the vaccination of children who are within three months of their 18th birthday.
- That systems note and can develop the additional workforce and training requirements necessary to vaccinate this group, as soon as operationally feasible. Further guidance will follow on specific requirements.
- Nationally, we are developing the capability for the national call / recall process to invite all eligible individuals to book their appointment through the National Booking System. Local systems may already be in a position where they can begin to offer vaccination in advance of NBS going live. Where workforce and training requirements are in place, supply and capacity allows, we would encourage vaccination at the earliest opportunity.
- To support delivery, we will update the general practice and community pharmacy service specifications following discussion and engagement with the professional bodies.

We are working with stakeholder groups, including patient representative groups, to ensure that families are provided with appropriate information and the opportunity to access specialist advice where necessary.

Continued offer to adults

We are committed to ensuring that all adults have been offered the opportunity to be vaccinated. This means the focus must remain on doing everything we can to ensure as many people as possible, especially those 18-29 year olds who have not yet come forward, receive their first dose, as well as maintaining an unrelenting focus on second dose delivery throughout the summer months.

In line with the updated Green Book guidance second dose vaccinations should not be offered earlier than 8 weeks. Local systems and delivery sites should continue to ensure the dosing interval aligns with the latest JCVI guidance and that an interval of 8 to 12 weeks between doses of all the available COVID-19 vaccines is observed.

Together we have delivered in England a proven vaccine programme safely, comprehensively and at scale. We know your remarkable endeavours to date are enormously appreciated and will continue to be so.

Yours sincerely



Professor Sir Keith Willett
National Director for the
COVID Vaccine
Deployment Programme



Dr Nikki Kanani
Medical Director for
Primary Care



Eleanor Kelly
LA CEO advisor

COVID-19 Vaccination of Children And Young People Aged 12 To 17 Years: JCVI Statement – Guidance

Please see statement from the Joint Committee on Vaccination and Immunisation (JCVI) on COVID-19 vaccination of children and young people aged 12 to 17 years below.

This can also be read fully [here](#).

Introduction

The Joint Committee on Vaccination and Immunisation (JCVI) has previously advised COVID-19 vaccination of all adults aged 18 years and over in the UK, and vaccination of some specific groups under the age of 18 years. The COVID-19 immunisation programme has been highly successful, with rapid delivery and high uptake. The programme has already substantially reduced the risk from serious COVID-19 in the UK population.

In view of the progress in offering COVID-19 vaccination to all adults, the Department of Health Social Care (DHSC) asked JCVI for advice on a possible extension of the programme to children and young people. JCVI has also received representations from professional bodies and members of the public on vaccination of children, both for and against such an extension.

The JCVI has deliberated on the potential risks and benefit of vaccinating children and young people in the context of very high vaccine uptake in those older people at highest risk from serious COVID-19 infection in the UK.

With regards to a COVID-19 immunisation programme for children and young people, JCVI's main consideration remains the potential benefits of vaccination in terms of reductions in hospitalisations and deaths in the population. As disruption of education is likely to have medium to long term impacts on public health, JCVI has also considered the potential for vaccination to prevent outbreaks in educational facilities. These potential benefits have been considered against the potential risks from vaccination.

Vaccine safety

The Pfizer-BioNTech BNT162b2 COVID-19 vaccine has been authorised for use in persons aged 12 years and over in the UK. This follows evidence from a clinical trial where around 1,000 individuals aged 12 to 15 years received 2 doses of the vaccine. There is good evidence that the vaccine is relatively reactogenic in this age group, with short-lived side effects including fever being common. There are emerging reports from the UK and other countries of rare but serious adverse events, including myocarditis (inflammation of the heart muscle) and pericarditis (inflammation of the membrane around the heart), following the use of Pfizer-BioNTech BNT162b2 and Moderna mRNA-1273 vaccines in younger adults.

These reports are being closely evaluated by the Medicines and Healthcare products Regulatory Agency (MHRA) and JCVI. Data on the incidence of these events in children and young people are currently limited, and the longer-term health effects from the myocarditis events reported are not yet well understood. See [MHRA reports on COVID-19 vaccines](#).

Any decision on deployment of vaccines must be made on the basis that the benefits of vaccination outweigh the risks to those people who are vaccinated.

Advice

A small number of children and young people with underlying chronic conditions are at increased risk of serious COVID-19 disease.

JCVI advises that children and young people aged 12 years and over with specific underlying health conditions that put them at risk of serious COVID-19, should be offered COVID-19 vaccination.

Government advisers are currently reviewing evidence on the risk of COVID-19 in children and young people considered clinically extremely vulnerable. Once this review has reported, the finding will be considered by JCVI and will inform further guidance.

At the current time, children 12 to 15 years of age with severe neuro-disabilities, Down's syndrome, underlying conditions resulting in immunosuppression, and those with profound and multiple learning disabilities (PMLD)^{[\[footnote 1\]](#)}, severe learning disabilities or who are on the learning disability register are considered at increased risk for serious COVID-19 disease and should be offered COVID-19 vaccination.

Young people aged 16 to 17 years of age who are at higher risk of serious COVID-19, as currently set out in the Green Book, should continue to be offered COVID-19 vaccination.

Further details regarding other specific underlying health conditions for which an offer of COVID-19 vaccination is advised will be provided in the [Green Book: Immunisation against infectious disease](#).

Persons who are immunosuppressed are at higher risk of serious disease from COVID-19 and may not generate a full immune response to vaccination.

JCVI advises that children and young people aged 12 years and over who are household contacts of persons (adults or children) who are immunosuppressed should be offered COVID-19 vaccination on the understanding that the main benefits from vaccination are related to the potential for indirect protection of their household contact who is immunosuppressed.

Clear information on the potential risks and benefits of vaccination should be provided to the child and those with parental responsibility prior to vaccination.

Until more data become available, JCVI does not currently advise routine universal vaccination of children and young people less than 18 years of age. JCVI will keep this advice under review as more safety and effectiveness information become available on the use of COVID-19 vaccines in children and young people.

The health benefits in this population are small, and the benefits to the wider population are highly uncertain. At this time, JCVI is of the view that the health benefits of universal vaccination in children and young people below the age of 18 years do not outweigh the potential risks.

Operationally, it is considered reasonable to allow a lead-in time to offer vaccination to those children who are within three months of their 18th birthday to ensure good uptake of vaccine in newly-turned 18 year olds.

Considerations

Direct health benefits

JCVI has carefully examined the risk of COVID-19 to children and young people. The evidence strongly indicates that almost all children and young people are at very low risk from COVID-19. Where symptoms are seen in children and young people, they are typically mild, and little different from other mild respiratory viral infections which circulate each year. The incidence of severe outcomes from COVID-19 in children and young people is extremely low. In England, between February 2020 and March 2021 inclusive, fewer than 30 persons aged less than 18 years died because of COVID-19, corresponding to a mortality rate of 2 deaths per million. During the second wave of the pandemic in the UK, the hospitalisation rate in children and young people was 100 to 400 per million. Most of those hospitalised had severe underlying health conditions.

For children and young people without underlying health conditions that put them at high risk of severe outcomes from COVID-19, the direct individual health benefits of COVID-19 vaccination are limited. While vaccination of younger cohorts could reduce the risk of outbreaks of COVID-19 in school settings, the vast majority of those infected in any outbreak will either be asymptomatic or have mild disease. Currently, less data are available on the safety of COVID-19 vaccines in children and young people compared to adults, and JCVI carefully considered reports of myocarditis following the use of the Pfizer-BioNTech BNT612b2 and Moderna mRNA-1273 vaccines in younger adults. At this time JCVI does not consider that the benefits of vaccination outweigh the potential risks. Until more safety data have accrued and their significance for children and young people has been more thoroughly evaluated, a precautionary approach is preferred.

Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV2 infection (PIMS-TS), also called Multisystem Inflammatory Syndrome in Children (MIS-C), is a rare inflammatory disorder related to previous recent SARS-CoV2 infection. During the second wave, PIMS-TS was estimated to occur in 5 per 10,000 children infected with SARS-CoV2 in the UK, with a case fatality ratio of 1%. The underlying cause for PIMS-TS is not properly understood. Specifically, it is not known how COVID-19 vaccination might influence the occurrence or severity of PIMS-TS. JCVI's view is that the available data are insufficient to advise on COVID-19 vaccination for the prevention of PIMS-TS. JCVI will continue to review and update this advice as new data emerge.

Concerns have been raised regarding post-acute COVID-19 syndrome (long COVID) in children. Emerging large-scale epidemiological studies indicate that this risk is very low in children, especially in comparison with adults, and similar to the sequelae of other respiratory viral infections in children.

Indirect health benefits

Modelling from the University of Warwick and from Public Health England (PHE) indicate that vaccinating children and young people could have some impact on hospitalisations and deaths in older adults. However, the extent of such benefits are considered highly uncertain, and by autumn 2021, all eligible adults should have been offered 2 doses of COVID-19 vaccine. A

successful adult COVID-19 immunisation programme would mean that education staff and adult household members of students should have been vaccinated, reducing the risk of onward transmission from children to adults in school or at home, respectively.

Persons who are immunosuppressed are at higher risk of serious disease from COVID-19 and may not generate a full immune response to vaccination. Given the potential for indirectly protecting persons who are immunosuppressed, JCVI advises an extension of the current offer of vaccination to persons aged 12 to 17 years who are household contacts of those who are immunosuppressed. Information should be readily available explaining the limits of the existing data on safety and that the main benefits from vaccination are related to the potential for indirect protection of their household contact who is immunosuppressed.

Wider health implications and operational considerations

Following disruptions in routine programmes because of the pandemic, there is an urgent need to catch up on non-COVID-19 school immunisations such as human papillomavirus (HPV) and meningitis (MenACWY) vaccinations, and there may be a need to offer other routine vaccines (such as mumps, measles and rubella (MMR)) in the school setting as part of overall recovery. Any extension to the childhood influenza programme also needs to be taken into account. The health benefits from these various non-COVID-19 school-based immunisation programmes are well established, and some may provide the last effective opportunity to complete an individual's immunisation course and provide timely and/or lifelong protection. Although relative benefits have not been formally compared, in JCVI's view, most non-COVID-19 childhood immunisations are likely to offer more benefits to children and young people than a COVID-19 immunisation programme.

On top of existing routine programmes, a COVID-19 programme for children and young people is likely to be disruptive to education and will require more resource. The scale of additional resources required will be considerable.

Non-health benefits of vaccination

The pandemic has impacted on the provision of education to children, which in turn has indirectly affected the wider health and well-being of children. In considering the value of vaccination to children, JCVI recognises that there is no agreed methodology to assess indirect educational benefits against potential health risks. Vaccinating secondary school students would provide direct protection against symptomatic infection and reduce the risk of outbreaks in secondary schools. This may allow more students to remain in school and reduce days off school because of SARS-CoV2 infection. The adverse educational impacts of school closures or days off school fall disproportionately on students from more deprived areas and may be of long-term importance. Reducing days off school could mitigate some of the health inequalities related to COVID-19. Children and young people who have SARS-CoV2 infection generally do not become so unwell that they need to take much, or any, time off sick from education. Moreover, recent changes to national policy on NPIs in schools, in the context of a successful adult vaccination programme, should substantially reduce the impact of COVID-19 on children and young people's education.

Data from the adult COVID-19 vaccination programme indicates that vaccine coverage is lower in more deprived neighbourhoods compared to less deprived neighbourhoods. How similarly differential vaccine uptake among school-aged children might affect health inequalities should be considered ahead of any policy decision on this front.

Should the government wish to consider vaccination of children and young adults aged less than 18 years with the primary aim of reducing the SARS-CoV2 infection rate (asymptomatic and symptomatic cases) irrespective of other direct or indirect benefits as discussed above, the known benefits from vaccination are likely to be limited. In this instance, JCVI favours deferral of a universal offer of vaccination until more data have accrued, including a clearer understanding of the impact of COVID-19 in the UK within the context of a successful adult vaccination programme.

Vaccine choice

At the time of publication, the Pfizer-BioNTech BNT612b2 vaccine is the only vaccine authorised for those less than 18 years of age in the UK (12 years or older). JCVI advises that only authorised COVID-19 vaccines should be offered to those aged less than 18 years.

Future advice

Clinical trials are underway in pre-school and primary-school aged students. Vaccines are only likely to be approved for use in these age groups after summer 2021. JCVI will continue to update its advice as new data emerge.

Workforce Considerations for Phase 3 Adult Vaccination

Please find attached guidance to support with planning for the adult cohort of phase 2 of the vaccination programme.

Recording Overseas Vaccinations

This guidance from Public Health England summarises the status of a variety of vaccines available in the UK and overseas. This includes clinical guidance on whether an individual needs further doses in England and if so, which type of vaccine is recommended to complete the course. It is not recommended that vaccine courses are repeated just so that individuals can be included in the NHS Covid Pass. Extra doses which are not required from a clinical perspective may lead to increased side effects.

Currently there is not a central mechanism for capturing details of overseas Covid vaccines, and only vaccines delivered in the UK can be accepted as evidence for UK Covid certification/ the NHS Covid Pass.

A technical solution to support the recording of vaccinations overseas in the NHS immunisation management service (NIMS) is in development, and we will provide an update as soon as possible.

In the meantime, if someone has had their first dose outside of the UK, in England they should be directed to a walk-in clinic which administers the same brand of vaccine they have had for their first dose, or a GP practice (especially if they have had a brand of vaccine not available in the UK) to arrange their second dose.

Patients should be told that at this time, only vaccines delivered in the UK will count towards UK Covid certification and that the NHS is working on a solution.

If a patient registered with a GP in England makes you aware they have had a vaccination overseas, it is also good practice for GPs to record the details as free text in the clinical notes section of the patient's GP record. The vaccination can be coded as a first or second dose, but type of vaccine will not be able to be coded as only vaccines given in the UK have SNOMED codes. Overseas vaccinations should not be added to the Pinnacle (Outcomes4Health) point of care system as this will result in incorrect GP payments.

Capillary Leak Syndrome

Colleagues are directed to the updated Summary of Product Characteristics for Vaxzevria available on the MHRA site here and in particular sections 4.3. and 4.4 with information about Capillary Leak Syndrome.

Armed Forces Exceptional Circumstances due to Operational Requirements

In exceptional circumstances due to an operational requirement to mobilise abroad should Armed Forces personnel be required to receive their second vaccination at an NHS vaccination site earlier than the 8 - 12 week period as recommended by the JCVI then Armed Forces personnel will be required to present a letter from Ministry of Defence/Defence Medical Services setting out the request and the reason for early vaccination. The individual presenting this letter at vaccination premises is to also provide a valid MOD90 ID card or civilian approved ID card for confirmation of identity.

Please see SOP and vaccination letter template available on FuturesNHS.

Letter to Help People with No NHS Number Access the COVID-19 Vaccine and Register With a GP

An NHS England and NHS Improvement letter tells people without an NHS number, including migrants, how to get the COVID-19 vaccine and register for a GP. Circulated via the Home Office and local housing, homeless and migrant teams; it explains that COVID-19 vaccines are safe and available to every adult living in the UK, free of charge without any immigration checks. It confirms people can organise their vaccination by contacting the local GP surgery or attending a COVID-19 vaccination walk-in or pop-up centre. Information is also available on how to record these vaccinations. If you are unable to access Future NHS platform, please email england.vaccination-equalities@nhs.net for the letter.

COVID-19 Vaccination Programme Publications Available to Order

ONLY the **record cards** and **Package Insert: Information for Vaccine Recipients**, which is the manufacturers patient information leaflet (PIL), are supplied with the vaccines. Order other immunisation publications for free from the Health Publications order line here (<https://www.healthpublications.gov.uk/Home.html>). Once registered

as a provider for this free service, you can also telephone: 0300 123 1002 to place bulk orders.

People being offered a COVID-19 vaccination should also be offered the PHE/NHS patient leaflet which is the adult Phase 2 leaflet, **COVID-19 vaccination: A guide to phase 2 of the programme** (available to order in a choice of languages and formats including Easy Read, British Sign Language (BSL) videos, braille or large print).

Women should be given the **COVID-19 vaccination guide for women of childbearing age, pregnant or breastfeeding**.

Anyone being offered a first or second dose of AZ vaccine should be given the **COVID-19 guide to blood clotting and vaccination** (currently version 2).

At vaccination patients should be given the **What to expect after your COVID-19 vaccination leaflet** as well as the PIL and record card and they should be offered a **COVID-19 vaccination sticker**.

A full list of available publications is available in Vaccine Update Issue 322 (<https://www.gov.uk/government/collections/vaccine-update>) and publications can be ordered for free from <https://www.healthpublications.gov.uk/Home.html>.

It is so important to make sure that everyone is offered these essential consent resources to have the best vaccination experience, so if you don't have them, **order now!**

Supporting Difficult Conversations – Second Dosing Script and Poster

We are aware that there has been some confusing messaging in the media around the second dosing interval. We would like to remind sites that the current national policy position on the second dosing interval remains the same and is based on JCVI guidance as described in the [Green Book](#) – all second doses should be given at least 8 weeks apart unless there is a clinical reason for it to be given any earlier. i.e. prior to immunisation treatment or transplant

To help vaccination site staff manage conversations with people requesting second doses earlier than 8 weeks, we have developed a poster which can be displayed in queuing areas, and a suggested script with key messages (add link). This will be followed by a wider resource pack next week, including a SAFER model for managing escalating incidents, to support vaccination sites to manage difficult situations.

https://future.nhs.uk/P_C_N/view?objectId=108051205 – poster
https://future.nhs.uk/P_C_N/view?objectId=108051237 – script

MHRA Updates - Delayed Hypersensitivity Reactions

The link for the MHRA weekly publication:

<https://www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions>

The MHRA has been reviewing reports of skin reactions occurring around the vaccination site that appear a little while after vaccination. These reactions are suggestive of a delayed hypersensitivity reaction that occurs 4-11 days after vaccination. The reactions are characterized by a rash, swelling and tenderness that can cover the whole upper arm and may be itchy and/or painful and warm to the touch. The majority of the reports received have been

with the Moderna vaccine. The reactions are usually self-limiting and resolve within a day or two, although in some patients it can take slightly longer to disappear. Individuals who experience this reaction after their first dose may experience a similar reaction in shorter timeframe following the second dose, however, none of the reports received have been

serious and people should still take their second dose when invited. Those who experience delayed skin reactions after their COVID-19 vaccination which do not resolve within a few days should seek medical advice.

Phase 3 Of The COVID-19 Vaccination Programme and Next Steps

On 14 July 2021 we published details for the next steps for phase 3 of the programme from the Autumn for community pharmacy and general practice:

- **Community pharmacy:** [Local Enhanced Service Specification and Expression of Interest process](#)
- **General practice:** [Enhanced Service Specification for phase 3](#)

Dr Nikita Kanani and Caroline Temmink hosted a webinar on 15 July for LVS sites who are already part of the vaccination programme and for those GP practices and community pharmacies that may be interested in taking part from September 2021. If you were unable to join, the webinar recording and the slides can be found on [FutureNHS](#).

Guidance on PPE Post 19th July 2021

Following the Government's announcement on Monday that the legal requirement to wear a face covering in shops, public transport and other enclosed public spaces will end on 19 July, we wanted to clarify the position for primary care.

Public Health England's [infection prevention control guidelines](#) remains in place [for all staff and patients](#) in hospitals as well as GP practices, dental practices, optometrists and pharmacies to ensure that everyone is protected.

Staff, patients and visitors will also be expected to continue to follow social distancing rules when visiting any care setting as well as using face coverings, mask and other personal protection equipment.

The NHS will continue to support staff in ensuring that the guidance is followed in all healthcare settings

Patients Who Wish to Opt-Out of Vaccine Communications

We are aware that vaccination sites are being approached by some patients who do not wish to continue to receive notifications about booking for vaccinations. Currently, notifications sent through the National Booking System cannot be cancelled. GP practices may be able to amend their local booking systems if requested by patients. Work is being undertaken to develop a solution for NBS generated communications.

Second Doses and Managing Wastage

Second doses should take place at least 8 weeks apart to ensure maximum clinical effectiveness. With regards to immunity, we now know that receiving vaccination at least 8

weeks later offers better protection for the individual. This is particularly important in the younger cohorts without health concerns, who based on the current interim JCVI advice, will not be receiving a booster in the autumn of 2021 .

Any decision to vaccinate earlier than 8 weeks should be made by the patient's responsible clinician or vaccination site clinical lead on a case-by-case basis and must be based on risks and benefits of giving the second dose earlier than recommended and must be for a clinical reason rather than one of convenience. To avoid unnecessary waste of vaccines please ensure your sites are managing stock as follows:

- Review the numbers of patients left to be vaccinated and reducing the number of new vials opened by using one ampoule between a number of vaccinations. This then means that the number of doses remaining should be kept to a minimum. We would suggest that site clinical leads review and manage this process.
- Where there maybe vaccine remaining, where possible, sites should work with their local systems to identify reserve lists for those are overdue their second dose from cohorts 1-9 and for those who are yet to have their first dose.
- Ensuring maximum clinical effectiveness of the vaccine is the top priority and therefore only in exceptional circumstances, and with approval from your clinical lead, second doses could be given to patients who are approaching a dose interval of 8 weeks. i.e. between 49-56 days.

See 8th July 2021 Clinical update [here](#)

GP Covid Vaccine Dashboard Going Live Over Next Few Weeks – Latest Care Identity Authentication Required

The GP Covid Vaccine dashboard will be going live over the coming weeks. Targeted at GPs and PCN-led Local Vaccination Services, the dashboard is an optional tool, accessible via NHS Smartcard, which visualises Covid Vaccine uptake across patient groups and provides patient contact information to arrange a 1st dose or get a pending or overdue 2nd dose booked in. The dashboard is built in Tableau and will be accessed via web browser. For more information, see NHS Futures: [here](#)

Desktop installations of an NHS Identity Agent and NHS Credential Management will be required to authenticate a smartcard and allow the use of modern browsers. In order to check a machine has the correct prerequisite NHS software, the 1st step is for users to run the NHSD diagnostic tool to check that the NHS Smartcard configuration is current and will work with a user's chosen browser (Google Chrome for example) . Users will be sent [this link](#) to kick off that process:

It should be noted a rollout of the new CM agent is already under way via NHSD .To find out more see [this link](#) which provides an introduction to the service and guidance on its configuration.

Where users have issues they will be asked to work with local IT on the changes recommended by the diagnostic tool. Local IT will need to work with the NHSD CIS team to help resolve any issues on access to CIS2 using Smartcards. Local IT and users will be able

to contact the NHSD national service desk on ssd.nationalservicedesk@nhs.net or call them on 0300 303 5035. ***Please can CCG leads make their primary care IT support providers aware of this information.***

In the coming weeks NHSD will be providing the URL to use to access the dashboard via a browser, latest Smartcard software (credential management) is required otherwise users will be unable to reach the dashboard. This may lead to an increase in requests to local IT, and also there may be benefit in pro-actively ensuring users have the latest credential manager installed on their machines

British Sign Language (BSL) Support Available

Remote British Sign Language (BSL) support is now available to BSL users receiving their COVID-19 vaccination at PCN-led vaccination sites. NHS 119 provides BSL service via *InterpreterNow*. It allows the user to instantly connect to a remote BSL interpreter during their vaccination appointment.

The service can be easily accessed through an app via a smartphone or PC. Patients can download the app and register for an account to access the service. This service is free of charge and provides a complimentary service to already existing local arrangements offering translation and interpretation services. Accordingly, for sites that are already providing BSL support, the provision of the additional remote BSL service is optional. For sites that do not provide access to BSL support for patients yet, the provision of the remote service is mandatory.

The app can be downloaded at www.interpreternow.co.uk.

Please note – this service is currently not working on NHS England and NHS Improvement provided iPads.

Vaccination sites are responsible for ensuring staff and volunteers are aware of the service and can support people in accessing it. For more information please read the BSL Standard Operating Procedure for PCN-led vaccination sites that has been published on [FutureNHS](#)

Please can all vaccination sites that are using the **National Booking Service (NBS)** update their Q-Flow/NBS profile **by Tuesday 20 July** for patients to see the availability of BSL interpretation support during their vaccination booking process. The NBS informs BSL users about the availability of BSL interpretation and encourages users to download the BSL app and to register for an account.

Accessing the service on the day

When a patient arrives for their appointment and communicates a need for BSL interpretation, please give them a copy of the handout found at Appendix 2 of the BSL SOP, explaining the InterpreterNow service and how to use it. Sites should provide visible information about the BSL support at the entrance/check-in to raise awareness among patients.

All sites should also be prepared to access the service on behalf of the deaf BSL user via one of the compatible devices at the vaccination site. We recommend you pre-install the app on these devices to avoid delays. Each patient has to sign-in to the app using their own account.

Customer service

For any technical issues with the InterpreterNow app or web browser, please contact support@interpreternow.co.uk.

Useful Links

General Queries email – england.pccovidvaccine@nhs.net

Clinical Updates - you can find all clinical updates [here](#)

[COVID-19 Vaccination Programme workspace](#) provides members with access to key documents, resources, webinar recordings, case studies and past copies of the LVS Updates. There is also a discussion forum for members. If you are not already a member, please email: P_C_N-manager@future.nhs.uk

[COVID-19 Vaccine Equalities Connect and Exchange Hub](#) is a community of practices on the Future NHS platform. NHS, local authority, public and voluntary sector staff working to increase vaccine uptake, share ideas, evidence, resources, case studies and blueprints to increase uptake of the COVID19 vaccine within all communities. Members also have access to peer-to-peer support and a programme of regular lunch and learn webinars and live discussion forums. To join, please [register for an account](#) and once registered you can [join the Hub](#).

[Supply and Delivery Hub](#) helps you access key information in a timely way and help support you to deliver your local vaccination service. Here you will find the latest delivery information (vaccine and vaccine consumables as well as non-vaccine consumables, equipment and PPE), alongside the latest supply chain and customer service FAQs and other helpful information.

National Workforce Support Offer – more details:

- [National Workforce Support Offer Toolkit](#) provides more detail about the National Workforce Support Offer and is a practical guide for local vaccination service leads.
- Contact your [Lead Employer](#) to access the National Offer and additional staff and vaccinators, as well as support with your workforce needs.
- For more details, please see our Futures NHS pages [LVS Workforce](#) and [case studies/FAQs](#) and recently guidance for [PCN groupings](#) and [community pharmacy](#)
- Contact the national workforce team direct via PCNCP.workforceescalation@nhs.net

[COVID-19 Vaccination Improvement Hub](#)

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