



ICARS Newsletter

Issue 60: 22nd October 2021

Immunisation Clinical Advice Response Service

About this bulletin:

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

PLEASE SHARE WITH ALL RELEVANT STAFF INVOLVED WITH THE
VACCINATION PROGRAMME

*Please note that since Monday 2nd August CARS has now become ICARS and will
operate from 9am - 5pm Monday to Friday.*

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1. COVID-19 vaccination deployment next steps for 12 – 15-year-old vaccination

19th October 2021

Dear Colleague,

Collectively, with partners at a national and local level, the NHS in England has delivered over 83 million vaccinations. Vaccination for this group continues to be deployed by School Age Immunisation Service (SAIS) providers, working with local partners to minimise inequalities and ensure comprehensive coverage. As infection rates and school absences due to COVID-19 rise, local systems should continue to prioritise support for their local SAIS teams.

Following our letter of 15 September, we are writing to ask you to take immediate action to stand up an out of school offer, maximising capacity for 12-15s over the October half term and beyond, as quickly as possible. A copy of the letter can be found [here](#).

ACTIONS NOW REQUIRED

IN SCHOOL OFFER

School age immunisation providers continue to deliver a safe and effective vaccination programme to all children aged 12-15, alongside other programmes such as seasonal flu.

To build on the progress to date, SAIS teams working with their system partners are encouraged to identify any additional support they might need to maintain pace.

Equipment

For some schools and providers, estates and timely access to consumables can be a challenge. SAIS providers are able to access a wide range of nationally procured consumables, such as furniture and stationery, as well as estate solutions. There is also a high number of mobile enabled laptops available from the national programme which can be drawn down. These are both Wi-Fi and

SIM card enabled devices to allow for real time patient administration as the vaccination event occurs. Please contact your regional team for more information on how to draw down on this support.

Workforce capacity and supply

To ensure the effective delivery of in school vaccinations we are asking that steps are taken to ensure that rosters are planned throughout the lifetime of the programme and in doing so staffing capacity is maximised. Vaccination in school settings is funded through a reimbursed method and therefore all costs incurred can be reclaimed.

To ensure that you have sufficient workforce in place, you should contact your system lead employer to discuss your requirements and agree where they can provide additionality to ensure that you have maximum capacity. System lead employers can assist with providing a range of staff from registered healthcare professionals, unregistered vaccinators and clinical support staff including administrators. Across each region and system there are a number of rapid contingency staffing solutions which can be deployed where needed – if you need short term rapid vaccination capacity please contact your lead employer.

The national protocol is the recommended legal mechanism for delivery. The [workforce considerations to support school aged immunisation service teams for child vaccination guidance](#) details the recommended clinical staffing model to ensure the most productive delivery and also sets out how to maximise the use of the unregistered vaccination staff that have been well recruited to across the programme.

OUT OF SCHOOL OFFER

National Booking Service

Functionality of the National Booking Service (NBS) will change shortly so that vaccinations for 12-15-year olds can be booked online or via 119. This complements existing SAIS provision and ensures those who prefer to access a COVID-19 vaccination outside of a school setting can do so. NBS access will help maintain access throughout the school holidays and beyond.

All vaccination services that are part of the NBS and have the appropriate staffing and assurance in place are now asked to ensure appointments are planned and made available to enable the booking for this age group to begin.

Consenting

National pre-consenting materials, including a copy of the Patient Information Leaflet, will be issued using national call/recall services. All delivery models vaccinating this cohort need to ensure that electronic recording and storage of consent is in place and a registered healthcare professional is available on-site. Consenting is the responsibility of each provider who should ensure that their

consent processes follow best practice outlined in the [Green Book](#). Additional information, including template consenting material can be found [here](#).

Contracting and assurance

Changes have now been made to the [Enhanced Service for general practices working in PCN groupings](#) and to the [community pharmacy LES](#) to allow vaccinations to be delivered to this cohort under these arrangements. **PCNs and CPs can only proceed to vaccinate this group if they have agreement in writing from their commissioner.** PCNs should only be commissioned to vaccinate this group in the unique circumstances that there is no other capacity available (through VCs, HH and CPs) given efforts across the system to support wider access and the level of existing involvement of PCNs in the programme. Where access to primary medical services is challenged, commissioners must not commission the PCN to vaccinate 12-15 year olds.

Vaccination Centres and Hospital Hubs are able to offer to this cohort and should ensure that additional local capacity is made available.

All sites must meet and confirm assurance requirements (part A and B) have been met by return to their regional team.

Workforce capacity and supply

Over recent months there has been a significant amount of work undertaken by regions and systems to ensure that all vaccination services have the capability to deliver to a wider range of patient cohorts. As the programme now expands access for healthy children and young people to other settings, we are asking that steps are taken to ensure that more staff are equipped and competent to vaccinate this cohort.

The national protocol is the recommended clinical workforce model to ensure maximum coverage of staffing. The [workforce considerations for phase 3 children's vaccination guidance](#) details all of the key training and vetting requirements to vaccinate children and young people of all ages. We are asking that you review this guidance and ensure that you are taking steps to ensure that you have sufficient staff trained and competent to vaccinate this cohort.

To ensure that you have sufficient workforce in place, we are asking you to continue with forward planning your rosters to ensure you have sufficient capacity. Your system lead employer can assist with providing additional capacity to maximise your capacity through providing a range of staff from registered healthcare professionals, unregistered vaccinators and clinical support staff including administrators. Across each region and system there are a number of rapid contingency staffing solutions which can be deployed where needed – if you need short term rapid vaccination capacity please contact your lead employer.

Booster vaccination

These changes will need to be delivered alongside the existing booster and flu vaccination programmes. We recognise this is challenging but we must continue to turbo-charge delivery of our life-saving programme. Additional support to deliver at every level of the system is available for all cohorts and includes the workforce offer set out above.

We will also be doing more national-level communications and to increase awareness, with the national marketing campaign to encourage booster and flu uptake launching this week. All materials can be found at <https://campaignresources.phe.gov.uk/resources/>

2. Operational guidance to support roll-out of ‘out-of-school offer’ to 12-15-year olds

Parallel out-of-school COVID-19 vaccination offer to healthy children and young people aged 12-15 years at selected COVID-19 vaccination sites.

This note clarifies some operational detail to support regions in planning the roll out of the ‘out-of-school’ offer for healthy children aged 12 to 15 years.

- Assume that capacity is to be available from 23rd October.
- All capacity will be booked via the National Booking System (NBS). We will send national invites including the Patient Information Leaflet (PIL). Additional calendars will be set up for each site and sites will need to upload capacity.
- Where capacity in VCs and Hospital Hub+ does not provide sufficient coverage for your population, you may commission Community Pharmacies and in exceptional circumstances PCN-Groupings (as long as it doesn't impact on day to day access). Appropriate contracting arrangements need to be put in place.
- All sites must meet the assurance requirements outlined in the site readiness checklist [Part A](#) and [Part B\[1\]](#), and have a local procedure in place to manage these children. Annex 1 (attached) provides an overview of guidelines to inform local procedures.
- RDCs / regions are required to work with selected sites to meet the readiness requirements, and confirm sites have local procedures in place prior to commencing vaccination for this group.
- During term time, it is expected that appointments should predominantly be available outside school hours, however, sites may flex this to meet the needs of their population

Contracting and governance:

- Regional and system vaccination leads must work with School Aged Immunisation Service (SAIS) providers and local systems to identify sites able to provide additional COVID-19 vaccination capacity as an 'out-of-school' offer to healthy children aged 12 to 15 years, where this is required to ensure vaccination coverage or scale up existing provision through SAIS arrangements.
- Contractual documents have been updated for the respective Delivery Models as outlined below. RDCs must meet the contractual requirements before commencing the service.
- **For Vaccination Centres and Hospital Hub+:** The VC Service Specification Addendum has been updated to clarify the provision of the secondary vaccination offer within existing contracts. RDCs and site leads need to sign the Addendum prior to sites commencing vaccinating this cohort.
- **For CPs:** the [Local Enhanced Service Specification \(LES\)](#) has been updated. If community pharmacy-led LVS sites are being considered, then the commissioning process outlined in Annex 2 (attached) must be followed. Contractors and Local Pharmaceutical Committees do not need to act unless contacted by their NHS England Regional Team advising that they are within a locality where an additional delivery path is being considered. CP sites must be marked on Foundry as having completed the checklist and have returned a signed LES variation before NBS calendars are set up.
- **For PCN Groupings:** the enhanced service for phases 1&2 and phase 3 enables PCN Groupings to vaccinate healthy 12-15 year olds where there is written agreement in place between the local commissioner and practices in the PCN Grouping.
- RDCs/regional teams are required to forward this ops note including Annex 2 (for CPs) to vaccination sites who have been identified to deliver a service to this cohort and to all Phase 3 CP sites for information.
- Both pop-up sites using NBS calendars and walk-ins either at the designated or pop-up site should be considered where geographical coverage is not sufficient. To arrange for a pop-up site to be established on the NBS, once the designated site has been set-up to vaccinate this cohort the region (not the site) should contact nbsonboarding@nhs.net.

For walk-ins, the following requirements must be met:

- Walk-ins must not commence until all national invitation letters for this cohort have landed to ensure all those with parental responsibility have received the PHE information leaflet. No walk-ins must start prior to 1 November 2021.
- Any walk-in sites must be agreed by the RDC. The local system is responsible for communications as the national grab-a-jab website is currently not set-up for this cohort.

- All walk-in service users in this cohort will need to confirm they have received and read the information leaflet at least one day prior to vaccination, this requirement must form part of the local procedure.

Vaccination site leads

- Local procedures must be in place prior to commencing the out-of-school offer, and must be based on the Green Book [Chapter 14a](#) and [Chapter 2](#) and ensure compliance with the site readiness checklist [Part A](#) and [Part B](#).
- Vaccination sites must have sufficient space to safely manage clinics where a large proportion of patients may be accompanied by a parent or a guardian.
- For the vaccination of 12 to 15-year olds, only the Pfizer/BioNTech (Comirnaty ®) can be administered (unless clinically contraindicated).
- Children without underlying health conditions are currently eligible for a first vaccination dose only as per the [Green Book](#) (p.17) and as recommended by [the Chief Medical Officers](#).

Setting up calendars on the NBS

- National call/recall will operate for the out-of-school offer (not part of SAISs model) directing appointment bookings via the National Booking System (NBS).
- Existing NBS site will have a second site set-up under their exiting ODS code and address, but with an amended name to differentiate. Any site identified through the region that is not currently on NBS will need to be onboarded to NBS if they wish to vaccinate those aged 12-15 years as part of the out-of-school offer. Local Booking Systems (LBS) are not permitted for providing this offer.
- PCN Groupings can only be commissioned to provide this supplementary service if they are already onboarded onto the NBS or can be rapidly onboarded. PCN's which have been included in the regional returns outlining sites that will vaccinate 12-15's, will be set up on NBS for this cohort only with immediate effect. We are separately writing to regions with details on how a number of additional PCN sites can be nominated for NBS onboarding for this supplementary service and/or phase 3. It will not be possible to onboard all PCN sites. It is not possible for local booking systems to be used to deliver this supplementary service

The national team will set up sites in Qflow (the administrative programme which interacts with NBS) with booking controls applied at this level, such that only appointments for those 12 to 15-year olds can be booked into these sites. Confirmation of set-up will be sent to

sites and include information and training materials that are also available on the [NHSD website](#). Once sites have received confirmation of set-up, sites must set-up calendars with immediate effect.

- Site managers will set up Pfizer/BioNTech (Comirnaty ®) calendars and appointments using existing NBS functionality, selecting the Pfizer 1D appointment type.

Children aged 12 to 15 years with underlying health conditions and persons aged 12 years and over who are household contacts of individuals who are immunosuppressed

- [For children aged 12 to 15 years with underlying health conditions/](#)who are clinically extremely vulnerable (CEV) or household contacts of people who are immunosuppressed, the existing vaccination coverage via PCN- Grouping led local vaccination services and hospital hubs/hospital hub plus (HH/HH+) remains the primary pathway as outlined in [our letter from 5 August](#). However, to improve access an adjustment to the standard in checklist B will be made to permit parents of children who are clinically extremely vulnerable to choose an alternative pathway, but this is at their discretion.
- Subject to parent/patient choice, the NBS platform will be made available to those with parental responsibility for children who are within this at-risk group or household contacts for their first vaccination dose.
- Services will need to be ready to make necessary adjustments to those in this at-risk group on an individual patient basis. The local procedure must take into account the need to direct these patients to primary care for their second dose and parents need to be advised to contact their local surgery after 8-12 weeks if they have not been contacted yet.

Site Security: Sites should consider security in relation to activity related to this cohort. Information provided by the UK Covid-19 Vaccine Security Team is available here on [NHS Futures](#).

Vaccine Supply: If uplifts of vaccine supply are required to support this element of the programme, they can be requested through the Supply Planner in the normal manner for future weeks where the plans are still open. If there is a more urgent need for additional vaccine supply this can be requested via the usual approved route of RVOC/NVOC.

3. Report: Taking Forward the Best Practice from the Covid-19 Vaccination Programme

On the 20th October the Royal Society for Public Health has officially launched their report 'Taking Forward the Best Practice from the Covid-19 Vaccination Programme'.

From the Royal Society for Public Health:

We value your expertise and friendship with the RSPH, and therefore thought we would offer you early access to the publication, which is available here: <https://www.rsph.org.uk/our-work/policy/vaccinations/taking-forward-the-best-practice-from-the-covid-19-vaccination-programme.html>

Royal Society for Public Health was sponsored by MSD to coordinate and disseminate the learning from a roundtable held in July 2021 on the Covid-19 vaccination programme, to identify key learnings to be mainstreamed across routine immunisation programmes in the UK.

The research, production, and delivery of the Covid-19 vaccines has been delivered at unprecedented speed, inspiring a new-found agility and collaborative ways of work across public health systems, and drawing policy-makers and the public to recognise the value of vaccinations.

As the end of the pandemic draws into sight, it is important that innovations from the Covid-19 vaccination programme, including: data and IT systems, efforts to reduce inequalities, and new settings and workforce are continued and built upon going forward. We need to ensure that we maintain the innovative approach, shared learning and community engagement efforts that were so integral to the success of the vaccination efforts.

Our recommendations include:

1. Implement a data strategy to identify and address inequalities in coverage across the immunisation schedule;
2. Encourage local collaboration;
3. Involve local communities in the design and delivery of public health programmes;
4. Maintain independent academic advice on vaccinations;
5. Increase access to vaccinations;
6. Maximise the learning opportunity of the Covid-19 vaccine roll-out

We cannot afford to go back to 'business as usual'. We have more work to do going forward to address declining childhood vaccination rates, and sociodemographic inequalities in immunisation, as well as to ensure that we have the suitable infrastructure should another pandemic arrive in the UK.

We hope that you will find the report valuable and insightful.

4. Medical exemptions from requirements relating to COVID-19 vaccination: guidance note for maternity services.

This will be published on the website here

shortly: <https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/trust-guidance/>

5. Updated FAQs on Phase 3 of the Programme

We have updated the FAQs relating to Phase 3 of the vaccination programme to reflect the latest information about Phase 3. You can read the updated version [here](#).

6. St. John Ambulance workforce support for PCNs, CPs and Care Homes

St John Ambulance (SJA) can provide support to CPs and PCNs to deliver boosters to care homes. They can provide trained volunteers to vaccinate and provide post-vaccination observation support. The PCN or CP will need to provide the clinical and administrative workforce. You can find more details here on the [offer and workforce model](#). Support can be requested by completing this [form](#) ensuring at least five days' notice is provided. If you have any queries, please contact SJA at NHS-Vaccinations@sja.org.uk

7. Vaccination Operational Support Teams (VOST) - latest information and regional team availability

In the first phase of the vaccination programme the military provided contingency workforce support to across all delivery models, with up to 30 teams available for deployment in any given week. NHS Professionals (NHSP) have been working to supply the equivalent support to the vaccination programme via the Vaccination Operational Support Teams (VOST). These teams are trained to be able to support COVID-19 vaccination, Flu and have the additional training requirements in place to support the vaccination of 12-17-year olds.

The process for requesting these teams has been reviewed and alongside the current process of requesting via your Lead Employer, NHSP will also now be engaging with sites directly, to understand potential new requirements. Where new requirements are identified, NHSP will work with the Lead Employer and site to ensure the appropriate documentation, recruitment and deployment is in place over a c.4-week period. Where teams are already available these can be deployed at pace. Please see the current status of available teams deployed and at a state of readiness below for the week commencing 18th October 2021. Please contact your [lead employer](#) for more details.

WC 18/10/2021	Available	Deployed
East of England	Hertfordshire (MK only) Norfolk	Cambridge
London		East London North West London
Midlands		
North East & Yorkshire		Durham
North West	Greater Manchester	
	East Lancashire	
	Cheshire & Merseyside	
South East		Sussex Kent
South West		Somerset (2 teams) North Bristol

8. Vaccination for Clinical Trial Participants Guidance

Please find attached a guidance note which provides additional guidance following on from the cascade of 12/10/21 on the delivery of vaccination for those who have been participants in vaccine trials across England. The guidance contains information from the National Institute for Health Research (NIHR) and links to further information. In addition it describes the partnership process required between the Principal Investigators from trial sites and the site leads of the matched Hospital Hub/HH+.

Purpose of this guidance

This guidance has been produced to support Hospital Hubs linked with Covid-19 vaccine clinical trial sites to give authorised vaccinations to individuals who have participated in vaccine development trials. This guidance should be read in conjunction with the following:

- NIHR information for participants and FAQs
<https://bepartofresearch.nihr.ac.uk/Vaccine-studies/Latest-Vaccine-News/>
- Template Guidance Developed by NIHR for adaptation and use by clinical trial sites who have recruited participants [Annex 1 of the guidance].