

To:

- All GP practices
- All PCN-led vaccination sites
- All community pharmacy-led vaccination sites
- Vaccination centres
- All CCG accountable officers
- All directors of public health
- All directors of children's services
- All NHS trust and foundation trust chief executives
- All ICS and STP leads
- All local authority chief executives
- NHS regional directors
- NHS regional directors of commissioning

Skipton House  
80 London Road  
London  
SE1 6LH

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Cc:

- Chairs of ICSs and STPs
- Chairs of NHS trusts and foundation trusts

Dear colleagues

### **Immediate action required for Phase 3 booster vaccinations**

Thank you for the preparations you have undertaken to date to deliver vaccinations this autumn/winter. The Joint Committee on Vaccination and Immunisation (JCVI) have now [published their advice on booster vaccinations](#). This letter sets out the actions we are now asking you to take immediately to begin administering booster doses as soon as possible.

The guidance states:

“JCVI advises that for the 2021 COVID-19 booster vaccine programme individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9) should be offered a third dose COVID-19 booster vaccine. This includes:

- those living in residential care homes for older adults
- all adults aged 50 years or over
- frontline health and social care workers
- all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the [green book](#)), and adult carers
- adult household contacts of immunosuppressed individuals”

**To support Phase 3 delivery, Public Health England is updating the Patient Group Directive (PGD) and the National Protocol.** We expect the PGD to be updated by 21 September and the National Protocol to follow shortly after. Until these have been updated, only sites meeting the prescribing requirements for working under a Patient Specific Direction (PSD) should start to administer booster vaccines. This means sites require a prescriber on-site to administer booster vaccines until the PGD is available, and full capacity may not be achievable until the National Protocol is available.

We will also issue communications materials and leaflets to all vaccination sites and there will be a national communications campaign to support demand and uptake throughout the autumn/winter period.

### **ACTIONS NOW REQUIRED**

#### **For immediate action by all sites offering COVID-19 vaccination services in Phase 3**

All sites should now take the following actions to vaccinate in line with the updated JCVI guidance.

- 1. Overall readiness:** sites should make preparations to start vaccinating as soon as possible. This includes ensuring that contractual requirements are in place (see below for Delivery Model specific requirements), and your estates, supplies and IT are all in line with the Phase 3 standard operating procedures, which will be updated this week. You should also roster staff to meet the capacity requirements once your Phase 3 vaccine supply date is confirmed.
- 2. Managing capacity and booking vaccination appointments:** “the JCVI advises that the booster vaccine dose is offered no earlier than six months after completion of the primary vaccine course, and that the booster programme should be deployed in the same order as during Phase 1, with operational flexibility exercised where appropriate to maximise delivery.”

NBS will therefore be opened to individuals from the date they become eligible and invite eligible individuals accordingly in that order. Local Vaccination Sites should consider prioritising those who are most at risk and those with the longest interval since the 2<sup>nd</sup> dose of their primary course through Local Booking Systems (in addition, further detail is below on prioritising older age care homes for PCNs).

**In preparation for Phase 3, sites should upload their calendars onto the National Booking System, where applicable, with your available capacity for at least 4 weeks from 20 September, subject to site readiness confirmations as set out below. Please ensure you have uploaded your available capacity by midday on Thursday 16 September. For those using Local Booking Systems you should begin inviting individuals to book their vaccine after the below requirements are met.**

Site leads will need to do the following before uploading capacity to the National Booking System or inviting individuals for vaccination locally:

- ensure that the site meets prescribing requirements (particularly ahead of the PGD and National Protocol being updated), as well as clinical and contractual arrangements
- log into Foundry to confirm your vaccine supply delivery date and volumes (see below), and that your capacity reflects this and any locally held stock. Sites should be assured that we are not supply-constrained and should not constrain capacity due to concerns about supply

- confirm that the site is assured to administer Pfizer, before Moderna half doses go live.

It is expected that we will open the National Booking System for bookings and issue first national invitations on Monday 20 September. We will work with regions and systems on the volumes of invitations issued through NBS based on available capacity and regions should consider how they could make best use of capacity in advance of national invitations being issued to individuals (e.g. directing health and social care workers to local sites).

- 3. Vaccine type:** the JCVI ‘advises a preference for the Pfizer-BioNTech (BNT162b2/ Comirnaty®) vaccine to be offered as the third booster dose irrespective of which product was used in the primary schedule. Alternatively, individuals may be offered a half dose (50µg) of the Moderna (mRNA-1273/Spikevax®) vaccine, which should be well tolerated and is also likely to provide a strong booster response. Where mRNA vaccines cannot be offered e.g. due to contraindication, vaccination with the AstraZeneca (ChAdOx1-S/Vaxzevria®) vaccine may be considered for those who received AstraZeneca (ChAdOx1-S/Vaxzevria®) vaccine in the primary course (please refer to the Green Book for further details).’

We are taking actions nationally to support administration of a half dose of the Moderna vaccine, including updating Point of Care (POC) systems, updating training and issuing new PIL cards. We will issue further advice on this in due course, but **we do not expect to go live with Moderna half doses immediately. Sites should not administer half dose Moderna boosters until instructed to do so.** In the meantime, systems should begin administering booster vaccinations with Pfizer as advised by the JCVI and consider how to ensure there are no gaps in delivery in areas where clinics are Moderna only.

- 4. Vaccine supply:** Local Vaccination Sites are required to log in to Foundry to order vaccine supply through the Ordering Platform. All sites will need to have access to Foundry. For further information on how to use the ordering platform, including training and support, please visit the [Ordering Platform Training Page](#) on NHS Futures [here](#). Vaccination Centres and Hospital Hubs will order supply through Immform as usual.
- 5. Recording booster vaccinations:** Point of Care (POC) systems have been updated to provide functionality to record booster vaccinations. These must be marked as a “Booster” in your POC systems. Please do not use the 1<sup>st</sup> or 2<sup>nd</sup> dose fields as individuals receiving a booster vaccination will have already received their 1<sup>st</sup> and 2<sup>nd</sup> doses.
- 6. Co-administration of COVID-19 and influenza seasonal vaccines:** the JCVI guidance states that “where operationally expedient, COVID-19 and influenza vaccines may be co-administered”. Therefore, systems should consider co-administration wherever eligibility for both programmes, supply and regulation allow. In particular, systems should seek to co-administer in any instances where it improves patient

experience and uptake of both vaccines, reduces administrative burdens on services or to reduce health inequalities (eg in HHs, residential care homes and roving models). This will be supported by the [Phase 3 Enhanced Service specification](#) for general practice, and the [Collaboration Agreement](#), which will be updated to reflect the JCVI guidance, supporting practices working as part of a PCN grouping in using their supply of seasonal influenza vaccine at COVID-19 vaccine designated sites (eg at joint clinics). The updated Community pharmacy Local Enhanced Service Specification – phase 3 coronavirus vaccination (the LES) will also be updated to support co-administration where eligibility for both programmes, supply, and regulation allow.

The JCVI have advised that “the COVID-19 booster vaccine programme should [not] disrupt or delay deployment of the annual influenza vaccination programme”. Therefore, it is important individuals are offered their COVID-19 and influenza vaccine as soon as they are eligible, rather than delaying for the purpose of co-administration. We recognise there will be some instances where a short delay will ensure that more individuals receive both vaccines, for example in care homes, and sites should use their discretion to maximise these opportunities. Providers should take every opportunity to promote the uptake of both vaccination programmes, including booking individuals in for their influenza vaccine in instances where co-administration cannot realistically be done (taking into account patient choice where eligible patients wish to receive their vaccinations at separate appointments). Vaccination sites should also use appointments as an opportunity for other health promotion activity, ‘Making Every Contact Count’ where practical and appropriate, as well as for co-promotion of flu and COVID-19 vaccine.

### **For all PCN-led local vaccination services (LVS)**

- This letter constitutes formal notification of the commencement date to GP practices under paragraph 9.1 of the [Enhanced Service specification for Phase 3](#). The Enhanced Service specification is being updated to reflect the JCVI recommendation. Once updated, practices may start vaccinating sooner than the 25 September (i.e. 10 days from this notification) if they are ready, with written agreement with the local commissioner (which can be via email).
- PCN led LVS should prioritise care homes for older adult care home residents and care home staff. We are asking that all eligible patients in this cohort be offered a vaccination by 1 November 2021, and therefore delivery plans should be designed to meet this target. As in previous phases, an additional supplement of £10 per dose on top of the item of service fee for all vaccines delivered in a care home setting will apply.
- We have previously announced further funding temporarily for PCN Clinical Director support for April 2021 to September 2021 ([letter](#) of 11 March 2021 and [letter](#) of 17 June 2021). We are now able to confirm this funding will be extended to be available from October 2021 to March 2022 though at a lower level than previous quarters to ensure it is affordable within the overall funding envelope for the vaccination programme. In recognition of the valuable work carried out by PCNs, from October 2021, this funding will be equivalent to an increase in Clinical Director time per PCN

from 0.25WTE to 0.75 WTE for this period. The payment is to support the leadership and management of the COVID-19 support. The PCN Finance and Payments Guidance 2021/22 [here](#) will shortly be updated to reflect this.

### **For all Hospital Hubs / LVSs vaccinating health and social care staff**

- Vaccination of health and social care workers can begin immediately in Hospital Hubs. This should be co-administered with flu vaccine wherever possible.
- Hospital hubs will be the default provider for vaccination of eligible trust health care workers. Local systems may have developed alternative local arrangements with vaccination centres, or GP and Community Pharmacy-run local vaccination centres. Trust HR directors will be responsible for overseeing the uptake of HCW vaccinations in their organisations.
- Regional Teams will complete the reactivation and readiness processes for each Hospital Hub or Hospital Hub Plus site prior to Phase 3 commencement. Hospital Hubs and Hospital Hub Plus sites will not receive allocation of vaccine until Foundry reflects that readiness checks have been completed and signed off by regional teams.
- As in the earlier phases of the programme it is expected that Hospital Hubs / Plus will also support opportunistic vaccination of inpatients and outpatients who require a booster vaccination as per the guidance from the JCVI.

### **For all community pharmacy-led LVSs**

- The Local Enhanced Service specification for Community Pharmacies is being updated to reflect the JCVI recommendation and this will be issued by regional teams shortly.
- Until the PGD and National Protocol have been updated, only Community Pharmacies with a prescriber on-site are able to administer booster dose vaccinations.
- Prior to commencing vaccinations under the Community Pharmacy Local Enhanced Service COVID-19 vaccination programme: phase 3 2021/22 agreement, Community Pharmacy sites must have completed all the tasks in the “Ready to Vaccinate Checklist”, included at Annex B, in their Confirmation Letter and Mobilisation Guide, have signed the LES and returned a copy to their regional team, and had confirmation from the local commissioner of the service commencement date.
- Regional Teams will complete the Phase 3 Site Readiness Checklist on Foundry for each Community Pharmacy-led site. Both new and existing sites will need to have this approval prior to service commencement. Community Pharmacy-led sites will not receive delivery of vaccine until Foundry reflects that readiness checks have been completed. Sites are responsible for checking their readiness status on Foundry. Sites can technically raise an order for phase 3 vaccine prior to being marked as ready on Foundry by the regional team but vaccine will not be distributed unless they are confirmed as site ready on Foundry at the time of their ordering cut off (this can be viewed on the ordering platform).
- Sites can commence booster vaccines ahead of NBS opening to focus on health and social care workers via walk-ins/local bookings. In order to do this they must still have signed the Community Pharmacy Local Enhanced Service Specification – phase 3 coronavirus vaccination (the LES), been approved on Foundry as site ready for phase

3 by the regional team and meet the current legal requirements (PSD until PGD or National Protocol in place).

### For all Vaccination Centres

- As above, until the PGD and National Protocol have been updated, only Vaccination Centres with a prescriber on-site are able to administer booster dose vaccinations. Site leads are required to have arrangements at arrival in place to identify patients who are attending for a booster vaccination, and in the case the site does not meet the prescribing requirements yet, site leads need to develop local processes to direct people to their local PCN-led vaccination site or Hospital Hub, or support booking of a suitable appointment via the National Booking System.

Please continue to do everything possible to minimise any inequalities in vaccine uptake during Phase 3 and consider how you can best work with CCG, local authority and community partners to reach eligible individuals, with adequate focus on those in underserved communities from the outset of the programme.

The booster campaign will be delivered alongside existing requirements to administer an evergreen offer to those who have not yet had their first or second dose, vaccinations for 12-15 year olds (including those who are at higher risk) and [third doses as part of the primary vaccination course for immunosuppressed individuals](#).

We are holding a webinar tomorrow, **Thursday 16 September, from 4pm to 5pm** to set out the next steps. Please [register here](#) by 2.30pm tomorrow and further details will be provided then.

We remain hugely grateful to you for all the work you are doing to deliver the vaccination programme, particularly over the Winter period, and will continue to work closely with regions and systems to support Phase 3 delivery.



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