

- To: • ICS and STP leads
- cc. • CCG accountable officers  
• PCN-led local vaccination sites  
• Community pharmacy-led LVS  
• All NHS trust and foundation trust chief executives  
• NHS regional directors  
• NHS regional directors of commissioning  
• All directors of public health  
• All local government chief executives  
• All GP practices

NHS England and NHS Improvement  
Skipton House  
80 London Road  
London  
SE1 6LH

**13 December 2021**

Dear Colleagues,

## **National call: Next steps for the NHS COVID-19 vaccine deployment**

You will have seen the Prime Minister's address to the nation last night on the latest situation with regards to the Omicron and other variants. Yesterday, the chief medical officers also recommended that the alert level is raised from three to four.

We are writing to you now to ask you once again to support an immediate, all out drive to protect the health of the nation.

### **Immediate next steps for deployment**

The NHS has been asked to offer every eligible adult over the age of 18 a booster vaccination by 31 December. To respond to this national mission, all systems are now asked to work with system partners, including local authorities, other public sector organisations and the voluntary and community sector, to prioritise delivery.

All NHS and local government organisations need to prepare to redeploy their administrative and clinical staff to support delivery of the vaccination programme between now and the new year. CCGs, should do all they can to offer immediate additional administrative support to all PCN and CP sites, to support the organisation and delivery of community outreach vaccination through the use of mobile and pop up clinics.

**All General practice teams (not just LVS sites)** are now asked to clinically prioritise your services to free up maximum capacity to support the COVID-19 vaccination programme alongside delivering urgent or emergency care and other critical services such as cancer. That could include pausing routine and non-urgent care and redeploying staff to support delivery of COVID-19 vaccinations. Further guidance will follow in an operational note and from RCGP and BMA. **All community pharmacy sites** will be supported to extend their opening hours and ensure they can deliver at their maximum capacity. Further detail will follow in an operational note. **All NHS trusts, including secondary, community and mental health providers**, will need to make alternative arrangements for prescription and sick note requests that are usually sent to primary care. As the Prime Minister said last night, this means that some other appointments will need to be postponed to the new year. If we don't do this now, the wave of Omicron could be so big that cancellations and disruptions would be even greater. We will work with you to ensure consistent messaging to the public to reflect this.

To support the rollout, the Care Quality Commission has confirmed it will postpone on-site inspections in mainstream NHS services for three weeks (ie hospitals, ambulances, GPs, 111), **except** in cases where we have reason to believe serious failings in safety pose a risk to life, or serious harm.

### **Prioritisation of vaccination**

Scientists are very concerned about the spread of Omicron due to the speed with which it spreads and because two doses do not appear to provide much protection, threatening a new wave of infections, hospitalisations and deaths greater even than those seen in previous waves. Thankfully, a booster dramatically improves protection which is why we need to do all in our power to deliver top up jabs and reduce the impact of Omicron.

The JCVI are clear that those at greatest risk must be prioritised, including those residing and working in care homes, health and care staff, those who are housebound, and those severely immunosuppressed.

As the NHS opens bookings to all adults over 18 for a booster by Wednesday 15 December, all systems are asked to ensure that they are both able to deliver at scale and retain their focus on reaching the most vulnerable and ensuring access for all communities. Therefore, all systems are asked to ensure GP-led and community pharmacy-led teams are supported to complete care home and housebound vaccination as soon as possible, preferably by the end of week commencing 13 December as previously advised.

Now is the time to pull out all of the stops to ensure maximum uptake, including first and second doses. Every system, working with their directors of public health and local authority leads, should continue to offer mobile and pop up clinics, community engagement and to support access (eg providing community transport). To do this, all systems are now asked to identify dedicated resource (vaccine, vaccinators and any further resource) work side by side with directors of public health to reach those still yet to have a first or second dose. Funding is available to support this through ICSs, and requests will be processed speedily.

### **Creating capacity**

The immediate priority for all sites is to stand up additional capacity to support this major acceleration. This will need to include maximising throughput and efficiency at existing sites, opening additional pods and extending opening times. Sites should request resources to enable them to operate 12 hours a day as standard, seven days a week. In every community there should be slots available at least 16 hours a day. This should extend to 24 hour operations where relevant for the local community. In earlier phases this was particularly helpful for those working shifts.

Do Not Attend rates are currently running nationally at around 10 per cent so all sites are now asked to review their DNA rates and adjust capacity uploaded to the National Booking Service accordingly. From today, the NBS will automatically cancel appointments where an individual has already received a booster dose and we will continue to encourage the public to remember to cancel if they receive a vaccine at a walk in or at their local GP-led site.

All vaccination sites, including hospital hubs, should be utilising the national protocol as the default legal mechanism to deliver the vaccine programme as it gives the greatest opportunity to utilise the unregistered workforce and create additional vaccinating capacity.

As well as creating capacity for those aged 18 years and over, all systems must ensure that eligible children are able to access vaccination. Guidance for systems on vaccination for 12-15s, including delivery of second doses, will be issued shortly.

### **Workforce**

Lead employers will continue to co-ordinate the workforce, and will now implement a push of workforce out to systems, rather than a traditional demand-led approach. Each lead employer will have up to three military personal deployed to further support co-

ordination and delivery. A full list of lead providers and their contact details are [set out here](#) on NHS Futures, and have been provided alongside the cascade of this letter.

All NHS providers need to be prepared to redeploy staff to support the vaccination effort. All NHS providers are now asked to share their workforce availability, and a dedicated point of contact, with their lead employer.

Systems will need to release additional workforce beyond those currently working on the vaccination programme. Wider public sector organisations, including local authorities, fire and rescue and police forces are also asked to identify and release any staff members who are trained vaccinators.

NHS Professionals and St John Ambulance continue to accelerate recruitment and re-engagement. Details of the workforce will be shared with lead employers as it becomes available including offers to support housebound and care home vaccination from St John Ambulance.

All national health bodies are working at pace to share expressions of interest from their employees with lead employers. The civil service has also started a push of people to register with St John Ambulance, NHS Professionals and the Royal Voluntary Service as appropriate.

To ensure we have a safe and competent workforce, additional training capacity will be required. Systems are therefore asked to increase their training capacity with immediate effect to support lead employers with rapid onboarding and deployment.

### **Vaccine supply, equipment and estates**

There are no supply challenges with either the Moderna or Pfizer booster stocks and vaccine supply will be pushed manually from Tuesday to enable you to increase capacity as quickly as possible.

This approach will ensure more than 8.9m doses of Pfizer and Moderna will be available across the network (3.2m already on site; 2.1m in immform; 3.6m planned (minimum additional supply). For VCs and HHs, additional vaccine supply has now been made available on immform.

For PCN and CP-led LVS, regional teams have been asked to provide details for sites that require additional deliveries on Thursday and Friday this week. All sites expecting a delivery on Tuesday can expect their volume doubled, for some sites this will arrive on

Tuesday for others an additional delivery day will be allocated later this week. Further detail will be communicated in an operational note.

For unexpected levels of demand, for example for pop up and mobile clinics, mutual aid policies can be found [here](#). These existing policies allow movement of sufficient vaccines between end users, in quantities sufficient to meet demand and permits movement under NHS England and NHS Improvement direction; NHS regions should therefore feel empowered in the current circumstances to direct supplies to those areas where they are required.

This guidance is there to support good professional decision making to ensure that patients are vaccinated safely and effectively as well as promptly and therefore, it is for pharmacy professionals at a local level to determine what's best to do. If you require additional vaccine supply, please follow the usual processes.

Local authorities are asked to identify opportunities to use existing estate to offer vaccination centres and mobile clinics, drawing on their knowledge and understanding of their local communities. As the school term comes to an end, schools and school halls should be considered.

We recognise that smaller sites are limited by estate, especially in the colder months. Therefore, if you require temporary buildings such as Portakabins, tents, outdoor weather-protective cover to support queues or extended estate, please flag your requirements as soon as possible to your SVOC.

## **Finance**

Recognising this sprint into the New Year will require additional support, additional funding has been requested from HMT, and this framework allows for the current cap on spend against the budget for programme costs to be removed. This means programme resources can be sourced and deployed to support delivery with immediate effect.

The support of local authorities in delivering facilities and resources has been critical to success. To ensure local authorities can continue to support, funding can be made available to support enhancement of the vaccination programme. Where costs are agreed between the local authority and ICS, local authorities should invoice the lead CCG for their ICS system and continue to report costs incurred to the Department for Levelling Up, Housing and Communities to support appropriate accounting and analysis.

Further details including details on contracting, estates and consumables, will shortly be shared with regional directors of finance and directors of finance for local authorities.

Thank you in advance for everything you are doing to continue to deliver the vaccination programme.

Yours sincerely,



**Amanda Pritchard**  
Chief Executive Officer  
NHS England and NHS Improvement



**Emily Lawson**  
NHS Senior Responsible Officer, Vaccine  
Deployment



**Eleanor Kelly**  
LA CEO Advisor



**Dr Nikita Kanani**  
Medical Director for Primary Care  
NHS England and NHS Improvement