

To: PCN Designated Sites beginning operations from 6 January 2021

Cc: Clinical Commissioning Groups, NHS England and NHS Improvement Regional Heads of Primary Care and Public Health and Regional Medical Directors

24 December 2020

Dear colleagues

### **PCN sites beginning COVID-19 Vaccination – information to support you to stand up your vaccination service from 6 January 2021**

Further to conversations with your region, we are writing to confirm that your PCN designated site should plan to begin operation in the week beginning 4 January 2021. This means that you should start standing up your approved designated site in order to be ready to administer the [Pfizer/BioNTech vaccine](#) following a **delivery of the vaccine on either 6, 7 or 8 January 2021**.

Whether your site actually goes live will be subject to the readiness assessment process during the early part of next week and **by Thursday 31 December we will send final confirmation of which sites are ready, with their specific vaccine delivery date**, and for those sites who are not ready, we will outline the next steps.

This letter follows our letter to all GP practices of [4 December](#), giving notice to PCN groupings that local vaccination services will start to come online on a phased basis. This letter should also be read alongside the information contained within our letter to all GP practices of [1 December](#).

You should start vaccinating in line with advice from the [Joint Committee for Vaccinations and Immunisations \(JCVI\)](#), but specifically as follows:

- Residents and staff in a care home for older adults; and
- Patients aged 80 years and over. This **excludes** any patients within this cohort who are totally housebound.

On 18 December, we wrote to PCN sites who began vaccinating patients last week to inform them of arrangements for the **roll out of roving vaccinations in care homes**. This included reference to the updated [Standard Operating Procedure for vaccination deployment in community settings](#) and we have attached the 18 December letter separately for you to refer to. We have also since published for cascade a **Care home vaccination mobilisation: support pack and checklist** (also attached).

In order to carry out roving vaccinations in care homes in the first instance, you can extract 5-dose vials from the 975-dose vaccine pack that you will receive as your initial vaccine delivery. When doing so, please refer to the [Specialist Pharmacy Service guidance on handling the Pfizer / BioNTech vaccine](#). In due course, we may

be able to offer your site the opportunity to order one or more 75-dose packs of vaccine to visit a single large care home.

We recognise the additional time and resource needed to deliver the COVID-19 vaccine to care home residents in the care home setting. Therefore, there will be a supplement of £10 per dose on top of the Item of Service fee, for COVID-19 vaccines delivered in a care home setting. The supplement will be payable on completion of the second dose for all vaccines administered between 14 December and 31 January. Where exceptional circumstances (as defined in the enhanced service) mean that only one dose was able to be delivered, and this dose was delivered on or before 10 January, the supplement will be payable on the first dose only. Further detail of the reporting and payment arrangements will follow shortly.

**Please be aware that you will be receiving a number of deliveries in the week commencing 28 December and the beginning of the week of 4 January 2021. This may include Bank Holidays and the weekend of 2-3 January.** Details of these deliveries can be found in this letter. You should receive 24 hours' notice for each delivery - please ensure that the lead contact provided for your site is contactable by phone to receive these notifications. Sunday and Bank Holiday deliveries will be avoided where possible. However, some deliveries will need to be made on these days. We appreciate that this situation is not ideal, but I'm afraid it will be necessary in order to get sites ready to vaccinate patients as early as possible into the new year. We are incredibly grateful for yours and your team's ongoing support with this and the vaccination programme more widely.

A summary of the key dates and milestones contained within this letter can be found at Annex A.

Details of how to escalate any issues you encounter with site set-up are available in the information below.

## 1. Overall readiness

- a. In our letter to all GP practices on [1 December](#) we advised designated sites to read the short [Care Quality Commission guidance](#) to understand what, if any, changes you may need to make to your **registration arrangements**. Note that none of the examples listed by the CQC in their guidance requires a new application, and only some require a notification to vary your registration – **please read the guidance** to be sure what action, if any, you need to take.
- b. [A standard operating procedure \(SOP\)](#) for the COVID-19 vaccine deployment in community settings is available. You should start working through this document and ensure compliance with all areas of the guidance.
- c. All individual practices within your PCN grouping should now have **opted into the [Enhanced Service \(ES\)](#)** by notifying their CCG by email.

- d. We have also published an [Indicative Collaboration Agreement](#), which the ES requires to be in place before the first vaccination is administered – you need to do this **by Monday 4 January**.

e. **Daily site readiness assessment – for completion by CCGs**

We have established a Local Vaccination Service (LVS) online portal to capture PCN site information and monitor site readiness ahead of go-live. Each PCN designated site has been asked to identify two individuals to be provided with read-only access to the portal. CCGs and our regional teams write access.

From **Wednesday 23 December**, CCGs are asked to:

- Complete a **daily** readiness assessment for each site on the LVS online portal. The readiness assessment comprises a series of yes/no questions to confirm estates/supplies/workforce/clinical/tech and data/legal readiness. Annex B includes a copy of the readiness questions. Readiness assessments will be aggregated at regional and national level for daily monitoring.
- Please note that PCN access to the online portal is not a requirement for go-live as readiness forms will be completed by the CCG on your behalf.
- CCGs will also need to complete a **clinical assurance site visit** and assessment of overall readiness **by the end of Tuesday 29 December**. We held a [webinar](#) to support CCGs and clinical assurers on Wednesday 9 December.
- On the back of these visits, CCGs need to confirm to the national team **by 10am on Wednesday 30 December** via the online portal whether or not each site is ready to start vaccinating patients from 29 December.

## 2. Estates readiness

- a. In our letter to all GP practices on [1 December](#) we advised designated sites to read the latest [Care Quality Commission guidance](#) to understand what, if any, changes you may need to make to your **registration arrangements**.
- b. Guidance on **site preparation** as found in the [SOP](#) should be followed.
- c. As explained in our letter of [1 December](#), GP IT systems as currently configured mean that **Pinnacle**, a long-established pharmacy solution, will be the Point of Care system used instead (see section 5 below for more information). Pinnacle is a web-based system, but it does require a suitable data connection (4G/WiFi). Your designated sites, particularly those who will be delivering clinics from new, non-NHS sites, should ensure that they have **appropriate internet connectivity**.

- d. Designated sites which are **existing, NHS locations**, will be able to use their existing Health and Social Care Network (HSCN) secure internet connection. We will also supply a 4G hotspot for all devices to use as a backup. For **new, non-NHS sites**, the NHS England and NHS Improvement Corporate IT team will contact you to arrange a survey as to whether you require broadband installation. We will supply 4G enabled laptops for roving vaccinators to use off-site once we confirm visits to care homes and housebound. Broadband costs for non-NHS sites will be funded centrally.
- e. **It is essential that we know if your site is an NHS site or a non-NHS site for supply purposes.** An NHS site will be treated as already having a secure broadband connection, and, because it will have various standard supplies already on site, will receive a different delivery of supplies than a non-NHS site. We treat a non-NHS site as needing a site survey by a small team, to ensure it has sufficient internet connectivity, installing connectivity where relevant. Non-NHS sites also receive a more extensive delivery of supplies. See the section “Supplies Readiness” below for more detail. **If you have any doubt as to how your site was categorised in the information submitted to your region, please check with your CCG, and if the categorisation is wrong, please email [england.pccovidvaccine@nhs.net](mailto:england.pccovidvaccine@nhs.net) as soon as possible with the subject line ‘WAVE 5 NHS / non-NHS site categorisation’.** Please include in the body of the email your region, CCG, PCN grouping, PCN site name and site postcode and then confirm the correct site status.
- f. A specific COVID-19 collection capacity is being coordinated by commissioners for **infectious and hazardous waste**. Please contact them directly if you have not had notification of uplift arrangements.
- g. **Offensive and general waste** should be processed through existing arrangements in line with [COVID-19 waste management standard operating procedure](#).
- h. For further information on **clinical waste management** please refer to the [SOP](#).
- i. Please ensure that as part of your preparations, you have engaged with your commissioners, local resilience forums and the police to put into place any **reasonable security requirements** for local vaccination services and to ensure the police are aware of the location. Additionally, please consider site security (including staff, locks and alarms) if storing vaccine overnight, particularly in non-NHS sites. If you are in any doubt of your ability to securely store and administer vaccine, please ensure you escalate to your CCG / Regional Vaccination Operations Centre (RVOC) and also use the readiness questionnaire on the LVS online portal to assist with resolution.

- j. PCN groupings who will be delivering their clinics from non-NHS sites also need to ensure that they have a facilities management solution in place and a licence to occupy. More information is contained on the arrangements for non-NHS sites in our letter of [1 December](#).

### 3. Supplies readiness

- a. A list of **equipment, consumables and PPE – the [Supply Inventory List \(SIL\)](#)** - will be supplied, free of charge and delivered to the majority of Sites **between Monday 28 December – Tuesday 5 January (Sundays and Bank Holidays by exception)**. Note that **resupply of any PPE and consumables** included with the initial SIL delivery will be made to designated sites automatically, proportionate to future vaccine volumes – there is no need for sites to order these items directly.
- b. **The SIL delivery will include [items designed for roving vaccinations](#), which will allow you to visit one care home at a time.**
- c. **You should be given 24 hours’ notice before your delivery – this will come to the named lead contact for your PCN grouping so please ensure that they are contactable.** Sites do not have to order any items from the SIL – all items will be included with your delivery. **Deliveries will be made between 08:00 and 18:30 on weekdays, and between 09:00 and 16:00 on weekends (Sunday and Bank Holiday deliveries will be avoided where possible)**. Two members of staff need to be available to receive deliveries.
- d. For PCN sites using **existing premises**, [the items that will be supplied are listed here](#)
- e. For **new, non-NHS sites**, there is no expectation on practices to transfer physical resources from any GP practices to off-site facilities where this would interrupt normal services. [The items that will be supplied to non-NHS sites are listed here.](#)
- f. Please also note the addition of the following question in the readiness assessment, following the MHRA guidance on vaccine use in people with history of allergy “Does the site hold sufficient resuscitation equipment including a defibrillator and oxygen?” You should ensure locally that oxygen is available on site.
- g. **We are aiming to make a separate delivery of a refrigerator to sites who indicated that they did not have sufficient, existing fridge capacity between Monday 28 December – Tuesday 5 January (Sundays and Bank Holidays by exception).** You should be given 24 hours’ notice before your delivery is made - this will come to the named lead contact for your PCN grouping so please ensure that they are contactable. Deliveries will

**be made between 08:00 and 18:30 on weekdays and between 09:00 and 16:00 on weekends.**

- h. For sites that identified that they have sufficient capacity in existing fridges, you may need to use that fridge capacity for 1-2 weeks pending delivery of a fridge once our central supply of fridges allows. All sites will receive a refrigerator as soon as stock is available. If you are moving a fridge from another location, note that you may need to allow the coolant to settle before plugging back in - please refer to the manufacturer's instructions on this, as the recommended time for the coolant to settle may vary.
- i. **Sites will also be supplied with a freezer to store gel packs for cool boxes to take the vaccine off-site (e.g. to administer vaccinations in care homes). We will advise as soon as possible on timelines for delivery, but like other deliveries, you should receive 24 hours' notice to the named lead contact for the site.** Please be aware that following freezer delivery, you will need to allow 24hrs for the freezer to get to temperature, and then an additional 24hrs for the gel packs to freeze before use.
- j. Public Health England (PHE) has created a number of leaflets for patients. These are set out in the attached PHE document entitled "Covid-19 vaccination programme publications: A guide for use", which explains when to use each leaflet. You can view all the PHE resources <https://www.gov.uk/government/collections/covid-19-vaccination-programme>. **Please ensure relevant staff familiarise themselves with the content of the leaflets.** The leaflets will also be available soon in a number of different languages, as well as Braille and Easy Read versions, and a British Sign Language video.
- k. **We will deliver an initial quantity of leaflets to your site before you are due to start vaccinating patients.** The courier, Yodel, will contact the lead contact for the site in advance of arrival to ensure you are able to arrange access or collect the leaflets. Please do not order leaflets directly. If you need to print leaflets at any point, for example, in a specific language, you can download PDF versions which can be printed on an office printer and copied on a photocopier, or professional printer-ready versions, at <https://www.healthpublications.gov.uk/Home.html>. Replenishment of leaflets will also happen automatically according to future vaccine deliveries, and you will not need to order leaflets for subsequent vaccinations. If you need additional leaflets for any reason, you can print them from the link above.
- l. [Some other items that may need to be sourced locally are listed here.](#) If you consider that you need any of these items, or other items not on any of the lists, we recommend that you speak to your CCG to understand whether there is existing local stock available. If not, sites should agree with CCGs to purchase items directly, and which would later be reimbursable as part of the

£20m we have made available nationally for additional reasonable costs to support site set-up.

#### 4. Vaccine supply

- a. Delivery of your **initial vaccine supply** will take place on **Wednesday 6, Thursday 7 or Friday 8 January 2021**. All sites will receive **975 vaccines** in their initial delivery. Vaccine-related consumables (e.g. syringes, diluents) and post-vaccination record cards will be delivered together with the vaccine, in the appropriate quantities.
- b. To facilitate smooth delivery of the vaccine, please ensure that your **named, registered Health Care Professional (HCP) who will receive the vaccine is there on the day**. Designated sites will be mapped into the delivery route for vaccine supply. **Deliveries will be made between 08:00 and 18:30 on weekdays and between 09:00 and 16:00 on Saturdays. Again, you should receive notice for this delivery - this will come to the named lead contact for your PCN grouping so please ensure that they are contactable.**
- c. **Some vaccine deliveries will be made in the morning, between 08:00 and 12:00 and so if your site receives confirmation that this is the case, you should plan to start vaccinating your first eligible patients from late afternoon on the same day that you receive your vaccine supply.**
- d. Vaccines need to be used quickly in the days following delivery and you should start your vaccination clinic as soon as possible. **We expect the remaining vaccine shelf life once delivered and stored at 2-8°C to be in the range of 86 hours (3 days 14 hours) to 99 hours (4 days 3 hours).** Shelf life will be clearly marked on the vaccine box label. Further guidance on the appropriate Cold chain procedure can be found in the [SOP](#). Note that it is essential that sites have sufficient vaccine storage space at 2-8 °C for up to 5 days.
- e. **In order to carry out roving vaccinations in care homes in the first instance, you can extract 5-dose vials from the 975-dose vaccine pack that you will receive as your initial vaccine delivery.** When doing so, please refer to the [Specialist Pharmacy Service guidance on handling the Pfizer / BioNTech vaccine](#). In due course, we may be able to offer your site the opportunity to order one or more 75-dose packs of vaccine to visit a single large care home.
- f. Depending on your initial vaccine delivery date, sites will receive their **corresponding vaccine delivery for dose 2** as follows:
  - Wednesday 6 January – **Wednesday 27 January**
  - Thursday 7 January – **Thursday 28 January**
  - Friday 8 January – **Friday 29 January**

- g. **Vaccine resupply orders** will be made via the national ordering system. This is the same system referred to in section 1 above – the Local Vaccination Service (LVS) online portal – and for which sites will receive registration and log-in details for their account at a later date.

## 5. Workforce and clinical readiness

- a. Please note that the MHRA has issued [further guidance](#) about the use of the [Pfizer / BioNTech vaccine](#) in those with a history of allergy. To reflect the issues raised in this MHRA communication, we have added two extra questions to the site readiness process, asking for **confirmation that there is a clinician available at every session who is able to provide resuscitation support if needed (Basic Life Support), and that all vaccine facing clinicians have completed the Anaphylaxis eTraining.**
- b. The nationally authorised **Patient Group Direction** (PGD) for the COVID-19 mRNA Vaccine BNT162b2 is now available [here](#).
- c. Designated sites will need to consider how best to deploy their workforce as well as seeking additional capacity as required to support local vaccination services for the community. Further guidance on workforce planning and skill-mix is included in the [SOP](#), as well as advice on preparation, risk assessment and a sample operating model for delivering your local vaccination service. You should also refer to the workforce section in our letter of [1 December](#) which set out the training requirements for competent COVID-19 vaccinators and non-vaccinator roles. PCNs can deploy Additional Roles Reimbursement Scheme (ARRS) staff (where permitted by legislation or protocol) as required to vaccinate. ARRS recruitment should continue with full funding entitlements remaining in place to continue to support practice teams.
- d. We anticipate that your sites will for the most part be relying on their existing workforce initially. Our letter of 1 December also explained that lead providers in each ICS would be able to support PCN groupings to access additional workforce if needed, including volunteers from the national supply route. There is a workforce support offer available to all COVID-19 vaccination centres. Each Integrated Care System (ICS) has a designated Workforce Lead Provider which will act as a workforce hub for the all vaccination providers in the local area. They can provide both health care professionals for employment such as returners to professional lists and volunteers such as St John's Ambulance staff.
- e. The Lead Provider will work with all providers on workforce communications, reporting, workforce planning and gap analysis, management of rostering systems for volunteers and National Workforce suppliers and will have oversight of mandatory and statutory training of these staff. A list of the Workforce Lead Providers for each ICS area is available on the FutureNHS site [here](#). Alternatively, you could approach your CCG, who can then speak



to your ICS to discuss this. You may also find it helpful to connect with local government, community and voluntary sector colleagues to understand what other support could be mobilised locally.

- f. Information on **indemnity and insurance** is also contained within the [1 December](#) letter.
- g. It is expected that the majority of vaccinations will be delivered by health care professionals under the PGD or lay vaccinators under the COVID-19 National Protocol. When other healthcare professionals have the relevant skills and are working under a PGD, the presence of GPs is not an essential legal requirement. However, we would expect that general practitioners will want to be involved in supervising make up and delivery of the vaccination – for example, their presence would be very helpful as they frequently provide leadership, can assist with the consent process or managing any difficulties.
- h. You must also have a **clinical governance process** in place, an identified lead practice to manage the workforce, safe staff arrangements and an operational lead for the site. The [Standard Operating Procedure: Management of COVID-19 vaccination clinical incidents and enquiries](#) provides more detail.
- i. We recommend that your sites finalise their workforce arrangements and have any new, temporary staff in place **by Wednesday 30 December**.
- j. [PHE immunisation training standards](#) will apply as the minimum national standard for staff undertaking immunisation training.
- k. In addition, COVID-19 specific [vaccine e-learning](#) is available from PHE, including vaccinator training recommendations.
- l. Your sites need to **complete all their training requirements by Thursday 31 December**.
- m. See section 8 below on Technology and Data for further training requirements around the Point of Care System, Pinnacle.

## 6. Managing the 15-minute observation period

- a. The MHRA has explicitly advised that a 15-minute patient observation period needs to be reinstated post-vaccination. It is important you are supported to deliver the programme, recognising the additional impact of the observation period. There are a number of ways we can do this. General clinical prioritisation is something that practices are used to managing.
- b. Nationally, in these particular circumstances, we have taken some additional steps as below:

- We have announced the availability of [£150m of re-prioritised capacity funding](#) ring-fenced to support general practice to deliver at this time. This is not to be diverted by systems for wider purposes;
- Local enhanced services should where possible be [re-purposed by agreement with CCGs](#) to make funded capacity available for COVID 19 vaccination;
- Extended Access and hours capacity should similarly be reprioritised to provide additional capacity [as above];
- [QOF has been significantly income protected around long term condition management activity](#). Practices should approach the management of long term conditions on the basis of clinical prioritisation and should continue to record patient contact but this will not impact payment;
- [QI modules in QOF have been significantly revised](#), supporting essential activity;
- Additional Roles Reimbursement Scheme (ARRS) staff can be deployed as required to vaccination as integral members of PCN teams. ARRS recruitment should continue with full funding entitlements remaining in place to continue to support practice teams;
- PCNs should note that the Structured Medication Review and Medicines Optimisation service requirements in the Network Contract DES are very clear that the number of SMRs to be delivered will be determined and limited by PCN clinical pharmacist capacity. Depending on local clinical prioritisation it is likely to be the case that COVID vaccination is considered a priority for deploying available clinical pharmacists in the short term;
- A PCN may use its Additional Roles Reimbursement Sum to reimburse extra hours worked by PCN staff, at plain time rates only, as long as the increase in WTE hours worked is clearly recorded on the PCN's claim form and National Workforce Reporting System;
- Refer to the information in section 5 above around how PCNs can access further support from local systems to bring in additional workforce to support the Covid-19 vaccination programme;
- Whilst a restart of a new, more supportive appraisal model was described in a [letter](#) from Stephen Powis earlier this year, we fully recognise the current pressures on the system and the need for a flexible and sympathetic approach - many areas will not be in a position to carry out appraisals at this time but we will maintain the ability to access support for those who need it;
- CQC have separately communicated about their approach to ease burden on providers in this period.

c. In addition, locally you could consider:

- Repurposing Extended Access or using access capacity for the vaccination programme;

- Further prioritising care home workers and then health care staff to minimise unused vaccine;
- How to use new and additional workforce;
- Using the 15min proactively for other health checks e.g. through use of social prescribing link workers, care coordinators etc.

## 7. Lateral flow antigen testing kits

- a. In order to ensure that vaccination site staff can access lateral flow antigen tests, all individual primary care contractors working together in the PCN grouping should order tests for the staff working at the site as part of their ordering process for test kits through Primary Care Services England (PCSE).
- b. Each primary care contractor will have received the [16 December letter](#) setting out the process for ordering and delivery of lateral flow antigen tests. PCSE started last week to contact directly primary care contractors to invite them to place an order on their online portal.
- c. Please note that although the 16 December letter states that vaccination sites will receive deliveries of lateral flow tests separately, this will not be the case starting from wave 5 vaccination sites and any following waves of vaccination sites as the PCSE ordering system is now up and running. Contractors are asked to order one box of test kits for each one of their patient-facing members of staff, including those staff working in their vaccination PCN grouping.
- d. If there is any staff working at the vaccination site who have been brought in exclusively to work at the site, but do not normally work in any of the primary care contractors in the PCN grouping, the primary care contractors should agree one contractor who will order boxes of test kits for these staff as well.
- e. Deliveries of boxes of test kits will take place from early January. Primary care contractors should ensure that they distribute boxes of test kits to their staff, including staff working at the PCN vaccination site.
- f. Tests are voluntary and lateral flow antigen testing is not a necessary requirement to start delivering vaccinations. However, staff are encouraged to use this modality of testing to help reduce onward transmission and spread.
- g. Lateral flow antigen testing detects the presence of the COVID-19 viral antigen from a swab sample and produces a result in 30 minutes. Patient-facing staff are asked to test twice weekly, using self-administered nasal swabbing. The results from the lateral flow antigen test for primary care staff will be documented at home by the individual using the [NHS Digital online platform](#). Recording of all results (positive, negative, invalid) from lateral flow devices is a statutory requirement.

- h. Standard Operating Procedures on lateral flow antigen testing in primary care can be found [here](#). Dedicated primary care [FAQs](#) and an [NHS staff guide](#) to self-administering the test are also available.
- i. If following review of the SOPs and FAQs, PCN groupings have any queries, they should [england.covid-ld@nhs.net](mailto:england.covid-ld@nhs.net)

## 8. Technology and data readiness

- a. A list of **technology equipment** which will be supplied to all sites for free by our Corporate IT team is attached at Annex C (for existing, NHS sites) and Annex D (for new, non-NHS sites). Sites will be supplied with sufficient technology equipment with the intention that staff will not have to use existing devices in use for business as usual work. Staff will not need a login for the devices. A tablet will also be supplied as an additional, backup device.
- b. All devices supplied will have limited access to relevant websites, which will be:
  - British National Formulary;
  - National Institute for Health and Care Excellence;
  - GP Notebook;
  - Pinnacle and Insights;
  - NHS England and NHS Improvement information and guidance for Primary Care on the Covid-19 vaccination programme.
- c. Staff at sites may occasionally want to access a patient's **Summary Care Record (SCR)**. Staff will also need to access the **appointment book** for the clinic. One laptop will therefore come with the GP IT clinical systems, as well as a VPN token (for use if a HSCN connection is not available) and smartcard reader, to enable occasional access to the SCR and access to the day's appointment book via the relevant clinical system which has been used to create it.
- d. **Larger technology items (e.g. desktops and monitors) will be delivered to sites on Wednesday 23, Tuesday 29 or Wednesday 30 December between 08:00 and 18:30. You should be given 24 hours' notice of the delivery date - this will come to the named lead contact for your PCN grouping so please ensure that they are contactable.** For existing NHS sites, we expect that staff will already be available to receive the delivery. For new, non-NHS sites, please ensure that at least one member of staff is at the site in order to receive the delivery.
- e. **Smaller technology items (e.g. barcode scanners) will be delivered separately, between Tuesday 29 December – Monday 4 January (Sundays and Bank Holidays by exception).** You should be given 24

hours' notice before your delivery is made - this will come to the named lead contact for your PCN grouping so please ensure that they are contactable. **Deliveries will be made between 08:00 and 18:30 on weekdays and between 09:00 and 16:00 on weekends.**

- f. **Initial and ongoing IT support will be provided separately to delivery**, such as installation of the new devices. **Your site will be contacted to arrange a date for the initial installation of its technology equipment once delivered – some of these installations may have to take place on the weekend of 2-3 January 2021.**
- g. **GP Connect** is available to allow patient record sharing and appointment booking across PCNs to support the rollout of the COVID-19 vaccination. The team are running webinars to help PCNs to set up their appointments to share, book into a designated site's appointments and to help designated sites to understand how to run their vaccination clinics, including use of Pinnacle to record the vaccination. Registration links for the webinars are being shared via the [Primary Care Bulletin](#) and more information can be found on the [GP Connect website](#)
- h. **Pinnacle is the Point of Care (POC) system** that PCN sites will use to record the vaccination event. Access to Pinnacle, which is web-based, will be provided free of charge to PCN designated sites, as will the associated training. (Please note that in our [1 December](#) letter, we announced that there would be two POC systems – Sonar and Pinnacle – but this has now been consolidated into use of Pinnacle alone.)
- i. **Outcomes4Health access, provided by Pinnacle** is dependent on the timely set up of site specific configuration, including the creation of [ODS](#) codes for the vaccination site and additional infrastructure requirements. PCN Groupings have already been asked to confirm the ODS code for the Lead Practice within the PCN Grouping that will receive the Item of Service payments as per the collaboration agreement. This practice ODS code will be used to parent the ODS code for the vaccination site. **If an issue is identified with the information that has been returned the team will be in contact via the regional teams to rectify any errors as this will otherwise delay the issuing of Outcomes4Health administrator accounts.**
- j. The payment of the Item of Service fee for COVID-19 vaccinations must be made to a nominated GP practice - **this can't be a Federation**. The practice ODS code is a Letter plus 5-digit number.
- k. Once the vaccination site has been issued with its own ODS code under the parent Lead Practice, this code will be published via the ODS portal: <https://odsportal.digital.nhs.uk/>. Sites can check the set-up of their site via this

mechanism using the Organisation search facility, by typing in their vaccination site details.

- l. As part of **user onboarding**, we have asked for details of one or two system administrators per PCN designated site who will be set up on the Pinnacle, Outcomes4Health system. The registration status of the individuals is required to be able to create the appropriate account. System administrators will be able to create and manage the end user accounts for the vaccination site.
- m. Once this information has been processed, **administrators will receive their Outcomes4Health access credentials** to the individual email specified and must log in within three calendar days for security reasons. Please note that this whole process can take a minimum of 48 hours to undertake the necessary steps and the accuracy of the information provided is critical. It is also important to note that administrators do NOT have access to the vaccination service screens within Outcomes4Health. It is only the end users that have the access to record a vaccination that are able to access the relevant service screens within the system.
- n. We are aiming to ensure that all Pinnacle administrators will receive log-in details prior to Thursday 31 December. Your scheduled vaccine delivery may be delayed if the correct information has not been supplied well in advance.
- o. We recommend that your administrators **set up additional Pinnacle accounts** for clinical and non-clinical end-users once initial log in details have been received.
- p. The **training for the Pinnacle system administrators** will be via a 'How-to' comprehensive user guide explaining step-by-step how to set-up and manage the user accounts at the vaccination site. Additionally, for **individual system user training**, Pinnacle has made available user-guide videos. These provide a step-by-step walk-through of the system providing everything that is needed to operate the Outcomes4Health system. The training can be accessed on the [FutureNHS Vaccination Programme Platform](#). If you are not a member of this workspace, please contact: [P\\_C\\_N-manager@future.nhs.uk](mailto:P_C_N-manager@future.nhs.uk).
- q. We recommend that all relevant staff members **view the Outcomes4Health training by Thursday 31 December**.
- r. Offline forms are also available to download from the above training platform. This will ensure business continuity should there be any problems accessing the system.
- s. Regional teams have also been asked to confirm and collate a minimum of two users within the PCN grouping that will be issued with account logins for Manage Your Service (MYS). This will support the flow of payment data.

These details should be confirmed with your regional teams at the earliest opportunity, and further information will be provided in due course.

## 9. Patient engagement

- a. GP practices know their local populations and are responsible for **generating patient lists** based on the priority cohort definition, which for sites going live next week is 'All those 80 years of age and over' (excluding the housebound). If your site potentially has more than 975 patients over 80 years who may wish to be vaccinated, and you need to prioritise which patients should have access to the first supply of vaccine to your designated site, then you could consider the following:
  - i. Age 80 or over;
  - ii. Co-morbidities;
  - iii. Ethnicity.
- b. We've published a draft primary care patient communications toolkit, which is available to view on [Future NHS](#).
- c. PCN groupings will be responsible for **appointment booking** at the designated site.
- d. As set out in the training module for this vaccination, informed consent must be obtained before administration of all vaccines, but there is no requirement for consent to be in writing. As part of the cohort identification process, you should also highlight any patients who may **lack mental capacity to give their consent** at the time of vaccination and refer to the [SOP](#) for guidance on how to proceed, which includes seeking consent from a patient representative with legal authority, or making a best interests decision. A record of consent should be recorded within the Pinnacle system by the healthcare professional.
- e. It is essential we vaccinate in line with [JCVI guidance](#) and ensure minimal wastage. PCN designated sites should therefore ensure that after all efforts to ensure patient attendance, any unfilled appointments or residual supply of vaccine are used to **vaccinate practice and PCN staff within the PCN grouping**, who have been identified at highest risk of serious illness from COVID-19. Healthcare providers have been undertaking staff risk assessments throughout the pandemic to identify such individuals. Please note that the [PHE post-vaccination patient information leaflet](#) advises any women of child-bearing age **not** to get pregnant for two months after their second dose of the vaccine.
- f. Your combined PCN grouping patient list will inform the local call and recall exercise. We recommend that your **first call/recall communication is sent to patients by Wednesday 30 December**. Given that whether or not sites will actually be going live from 6/7/8 January will be dependent on the

readiness assessment during the course of next week, we would suggest that you explain this to patients using the suggested wording below.

*“We are planning for our COVID-19 vaccination service to be open to eligible patients from the middle of the week commencing 4 January 2021 onwards and we will soon start booking our patients into the clinic accordingly. However, there is a chance that the service will not be available until the following week, and if this is the case, we will contact you to rearrange your appointment.”*

- g. A patient template letter is included at Annex E and can also be found on the [Future NHS platform here](#). Please note that invitations also need to include other key fields, including:
- i. Information on the requirement to book appointments for **dose 1 and 2 at time of booking**. This will be standardised nationally. Dose 2 of the [Pfizer/BioNTech vaccine](#) should be given 21 days after dose 1.
  - ii. Direction to where and how the individual should book their appointment.
  - iii. Clear explanation of where the vaccination site will be (and why if not a local practice) and access information – e.g. transport, parking, accessibility, translation.
- h. We recommend that you **start booking patients into your vaccination clinic from Thursday 31 December, once you have received confirmation from us that your site will be going forward, and of your initial vaccine delivery date**. PCN sites will be responsible for checking that all eligible patients have an appointment and issue a recall invitation or re-contacting the patients where they have not.
- i. You should send booking reminders before each appointment for dose 1 and 2. Individuals should also be informed during booking of the process for rebooking/changing appointments if necessary.
- j. Please refer to the [SOP](#) for further guidance on booking and communications as well as on health inequalities, inclusion health and how to ensure your local vaccination service is accessible to the whole population that you serve. Local government together with community and partner agencies may also be able to help you improve access and vaccination uptake among your patient population. You should also refer to the JCVI’s [Annex A: COVID-19 vaccine and health inequalities: considerations for prioritisation and implementation](#) guidance here
- k. NHS England is responsible for processing your personal data for the purposes of the national vaccination programme. To find out more, you can access our [privacy notice](#) or search for “NHS England Privacy Notice” in your browser. It is recommended that patients are directed to this link within any communications.



## 10. Customer Service

- a. For queries about vaccine supply, ordering and delivery support, and supply of consumables and PPE, contact Unipart at [CS@nhsvaccinesupport.com](mailto:CS@nhsvaccinesupport.com) / 0800 678 1650, open 7am to 7pm, Monday-Sunday
- b. For queries about IT issues, including IT hardware, 4G connectivity (for equipment provided by NHSE), Pinnacle, Foundry, Data and other IT services issues, contact the Covid Vaccination Help Desk on [vaccineservicedesk@england.nhs.uk](mailto:vaccineservicedesk@england.nhs.uk) / 0300 200 1000, open 6am to 10pm every day, including Bank Holidays.
- c. For all other queries, contact your Regional Vaccination Operation Centre (RVOC) in the first instance:
  - North East & Yorkshire [england.ney-vacc-cell@nhs.net](mailto:england.ney-vacc-cell@nhs.net)
  - North West [Covid-19.MVNW@nhs.net](mailto:Covid-19.MVNW@nhs.net)
  - Midlands [england.midscovid19voc@nhs.net](mailto:england.midscovid19voc@nhs.net)
  - East of England [england.eoe-vacprg@nhs.net](mailto:england.eoe-vacprg@nhs.net)
  - London [england.london-covid19voc@nhs.net](mailto:england.london-covid19voc@nhs.net)
  - South East [england.se-covid19-vacc@nhs.net](mailto:england.se-covid19-vacc@nhs.net)
  - South East [england.servoc@nhs.net](mailto:england.servoc@nhs.net)
  - South West [england.swcovid19-voc@nhs.net](mailto:england.swcovid19-voc@nhs.net)
- d. They may escalate an issue to the National Covid Vaccination Operation Centre at [england.covidvaccs@nhs.net](mailto:england.covidvaccs@nhs.net)

We hope that the information contained within this letter is helpful and clear. A reminder that all our publications get posted on our website [here](#) – so please keep checking back for the latest guidance.

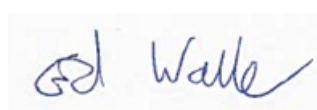
Join our [FutureNHS workspace](#) with a dedicated area of resources, FAQs, key documents, webinar and discussion form for the COVID-19 vaccination programme. If you are not currently a member, please contact: [P\\_C\\_N-manager@future.nhs.uk](mailto:P_C_N-manager@future.nhs.uk)

Thank you again for your incredibly quick and positive response to the call to mobilise the COVID-19 vaccination programme in primary care.

Many thanks



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



Ed Waller  
Director of Primary Care  
NHS England and NHS Improvement

## Annex A – Summary of key dates and activities for sites vaccinating from 6 January 2021

Key Date (Wave 5)	Activity
As soon as possible	If in doubt as to your site's NHS / non-NHS categorisation, <b>sites to check with CCG and if wrong, email <a href="mailto:england.pccovidvaccine@nhs.net">england.pccovidvaccine@nhs.net</a></b> subject line 'WAVE 5 NHS / non-NHS site categorisation' to correct
Wednesday 23 December	CCGs submit first readiness report for sites via the LVS online portal for site readiness assessment and vaccine ordering (to be submitted daily)
Wednesday 23 December <b>OR</b> Tuesday 29 December <b>OR</b> Wednesday 30 December	<b>Delivery to sites of larger technology equipment</b> (e.g. desktops, monitors) - you should be given 24 hours' notice before your delivery is made - delivery windows will be Mon-Fri 08:00-18:30
Monday 28 December – Tuesday 5 January  (Sundays and Bank Holidays by exception)	<b>Delivery to sites of the Supply Inventory List (SIL - equipment, consumables and PPE) together with the roving SIL</b> - you should be given 24 hours' notice before your delivery is made - delivery windows will be Mon-Fri 08:00-18:30 and Sat-Sun 09:00-16:00
Monday 28 December – Tuesday 5 January  (Sundays and Bank Holidays by exception)	<b>Delivery to sites of a refrigerator who have indicated they do not have sufficient, existing fridge capacity</b> – you should be given 24 hours' notice before your delivery is made - delivery windows will be Mon-Fri 08:00-18:30 and Sat-Sun 09:00-16:00
Tuesday 29 December – Monday 4 January  (Sundays and Bank Holidays by exception)	<b>Delivery to sites of smaller technology equipment</b> (e.g. barcode scanners) – you should be given 24 hours' notice before your delivery is made - delivery windows will be Mon-Fri 08:00-18:30 and Sat-Sun 09:00-16:00
By end of Tuesday 29 December	CCG conducts a clinical assurance visit to sites
By 10am on Wednesday 30 December	CCG confirms to national team that sites are ready to start vaccinating patients from 6/7/8 January (via the online portal)
By Wednesday 30 December	<b>Sites</b> finalise their workforce arrangements and have any new, temporary staff in place
By Wednesday 30 December	<b>Sites</b> to familiarise themselves with the content of PHE patient leaflets
Wednesday 30 December	<b>Sites</b> send first call/recall communication to patients

By Thursday 31 December	<b>Sites</b> to receive log-in details for their two System Administrators from Pinnacle – <b>sites to complete individual user set-up for Pinnacle asap thereafter</b>
By Thursday 31 December	<b>Sites</b> to complete all training (including Pinnacle/Outcomes4Health)
By Thursday 31 December	National team confirms whether sites are ready to vaccinate from 6/7/8 January (following the readiness assessment process) and confirms vaccine delivery date
Thursday 31 December	<b>Sites</b> start booking patients into vaccination clinics AFTER your initial vaccine delivery date has been confirmed by the national team
To be confirmed	<b>Installation of supplied technology equipment</b> – sites will be contacted to arrange a time separate to their delivery
By Monday 4 January 2021	<b>Sites</b> sign the Indicative Collaboration Agreement (earlier preferred)
By Monday 4 January	<b>Delivery to sites of PHE patient information leaflets</b>
To be confirmed	<b>Delivery to sites of a freezer for roving vaccinations</b> - you should be given 24 hours' notice before your delivery is made - delivery windows will be Mon-Fri 08:00-18:30 and Sat-Sun 09:00-16:00
Wednesday 6 January <b>OR</b> Thursday 7 January <b>OR</b> Friday 8 January	<b>Delivery to sites of initial vaccine supply</b> - delivery windows will be Mon-Fri 08:00-18:30 - your named, registered Health Care Professional (HCP) must receive the vaccine
From Wednesday 6 January 2021	<b>Sites</b> ready to administer the <a href="#">Pfizer/BioNTech vaccine</a> (depending on your vaccine delivery date and time)
To be confirmed	<b>Sites</b> receive LVS online portal log-in details
Wednesday 27 January <b>OR</b> Thursday 28 January <b>OR</b> Friday 29 January	<b>Delivery to sites of corresponding vaccine supply for dose 2</b> - delivery windows will be Mon-Fri 8:00-18:30 and Sat-Sun 09:00-16:00 - your named, registered Health Care Professional (HCP) must receive the vaccine

**Annex B – Copy of PCN Site Readiness Assessment for sites going live from 6 January 2021**

**CCGs will need to complete on a daily basis on the LVS online portal for site readiness assessment and vaccine ordering (Foundry) from Wednesday 23 December**

**Estates Readiness Questions**

Does the site have appropriate infrastructure to commence vaccinations? This should include sufficient space for vaccination and as appropriate, facilities for staff rest and recuperation. Access to hand washing facilities and ablutions are considered essential.

Is there sufficient site security and as required, car parking?

Has the site got working internet access, either existing broadband in NHS sites, a new broadband connection in new sites, or 4G capability?

For non-NHS premises - Is a facilities management solution in place to manage the site for the duration of occupation?

For non-NHS premises – Does the PCN grouping have a license to use the premises?

**Supplies Readiness Questions**

Has the site ensured they have all equipment, consumables and PPE required for start up, either supplied automatically as set out in the national supply list, or secured locally?

Has the site received patient-facing information e.g., PHE produced post-vaccination patient info leaflets etc.?

Has the site got sufficient vaccine storage for 3.5 days, with a pharmaceutical fridge which has been installed and is working? By pharmaceutical, we mean a fridge designed to store vaccines.

Has the site got sufficient technology equipment, including laptops or desktops and barcode scanners?

Does the site have sufficient anaphylaxis kits?

Does the site hold sufficient resuscitation equipment including a defibrillator and oxygen?

Are appropriate arrangements in place for the disposal of domestic and clinical waste?

### **Clinical Readiness Questions**

Is there an appropriate clinical leader, who is likely to be a GP identified to be available on site for each session/clinic?

Is there is a named person on site to take receipt of the vaccine (must be a registered HCP)?

Do all staff involved in vaccination understand the importance of consent and the consent process?

Are clinical governance processes in place?

Do you have a clinician available at every session who is able to provide resuscitation support if needed (BLS)?

Have all vaccine facing clinicians completed the Anaphylaxis eTraining?

### **Workforce readiness questions**

Is there an identified lead practice for the site in order to manage the workforce?

Are there safe staffing arrangements in place i.e., sufficient numbers of clinical and non-clinical workforce secured to administer 975 vaccines in 3.5 days?

Is there an identified operational lead for the site?

Is there evidence that all staff have completed COVID-19 specific training appropriate to their job role and any training for IT hardware/software they will be using?

### **Tech and Data Readiness Questions**

#### Equipment

Has the site tested and confirmed that it can access from the site all of the relevant clinical and non-clinical systems?

#### Call and recall

Has a process for identifying and calling and recalling eligible patients been agreed within the PCN grouping?

#### Booking

Has the site set up their sessions and appointment slots within the Collaborative Booking System, and shared them with the other practices within the PCN grouping?

Have all practices within the PCN checked that vaccine appointments at the Designated site are visible to them in their own practice system?

#### Point of care system

Does the site have access to Pinnacle/Sonar Point of Care systems?

Has the site administrator set up accounts for all clinical and non-clinical staff who require access to the system?

#### Vaccine and consumables ordering system

Does the PCN grouping have access to the online portal for site readiness assessment and ordering?

### **Legal Readiness Questions**

Have all practices in the PCN grouping opted into the Enhanced Service?

Does the PCN grouping have a signed Collaboration Agreement in place?

## ANNEX C - technology equipment to be supplied for EXISTING, NHS PCN sites

IT Equipment	Quantity	Explanatory notes
Handheld barcode scanner	7	5 vaccination stations per PCN site + 2 roving . These are required to scan the vaccine.
Apple iPad 4G enabled LTE tablet	1	1 iPad for receptionists and as backup device.
MS Windows 10 4G LTE Laptop	2	2 Laptops will be provided for roving. They will include 4G connectivity. The Corporate IT team will be able to replace the device within 4 hours if there are any issues.
MS Windows 10 Desktop with Wi-Fi or MS Windows 10 4G LTE Laptop	6	6 Wi-Fi Enabled Desktop or laptop Devices. One device will have clinical systems installed enabling access to the Summary Care Record and appointment book.
Backup 4G/ WIFI router	1	4G Backup connection for Desktops, to provide wifi connectivity in absence of fixed site connection failing.
Mouse	1	Mouse built into laptops, USB mouse provided for desktops, one spare mouse to be supplied
VPN token / SMARTCARD reader	1	For use to access the Summary Care Record plus the appointment book on relevant GP IT system

**ANNEX D – technology equipment to be supplied for free to PCN NEW, NON-NHS sites**

IT Equipment	Quantity	Explanatory notes
Handheld barcode scanner	7	5 vaccination stations per PCN site + 2 roving. These are required to scan the vaccine.
Fixed site connection to be supplied by Corporate IT team if needed	1	1 Router covers all 5 vaccination stations
Apple iPad 4G enabled LTE tablet	1	1 iPad for receptionists and as backup device.
MS Windows 10 4G LTE Laptop	2	2 Laptops will be provided for roving. They will include 4G connectivity. The Corporate IT team will be able to replace the device within 4 hours if there are any issues.
MS Windows 10 Desktop with Wi-Fi or MS Windows 10 4G LTE Laptop	6	6 Wi-Fi Enabled Desktop or Laptop Devices. One device will have clinical systems installed enabling access to the Summary Care Record and appointment book.
Backup 4G/ WIFI router	1	4G Backup connection for Desktops, to provide wifi connectivity in absence of fixed site connection failing.
Mouse	1	Mouse built into laptops, USB mouse provided for desktops, one spare mouse to be supplied
Printer – A4 Black & white (non-NHS sites only)	1	
VPN token / SMARTCARD reader	1	For use to access the Summary Care Record plus the appointment book on relevant GP IT system



## **ANNEX E – Template patient letter**

### **Template age-based letter for PCNs to adapt**

#### **Book your coronavirus (COVID-19) vaccine appointments now**

Dear [NAME]

You can book your free NHS coronavirus vaccination appointments by contacting us on xxx.

We have sent you this letter as experts recommend that people in your age group are among the first to get the vaccine. This is because evidence shows that risk of serious illness because of coronavirus increases with age.

#### **About the coronavirus vaccine**

The coronavirus vaccine is free of charge to you.

You need 2 doses of the vaccine to get the best protection from the virus. Each dose must be at least 21 days apart. When you book your first appointment, you will also need to book your second appointment.

For more information, read the leaflet that came with this letter, or visit [www.nhs.uk/covid-vaccination](http://www.nhs.uk/covid-vaccination)

Some people may not be able to get this vaccine at the moment. If you are a woman of childbearing age, or have had bad allergic reactions in the past, it is important that you read all the guidance. You can also ask about it when you book, or discuss it with a health professional when you attend your appointment.

#### **Other information [This section should not be used until the national call/recall service is activated]**

You may also receive an invitation letter from the national NHS. If you choose to book through our services by calling xxxx, you don't need to book again.

If you have already booked through the national service you do not need to do anything now, and your records will be updated automatically.

Yours sincerely,

[Signatory]

## Template condition-based letter for PCNs to adapt

Address 1  
Address 2  
Address 3  
Address 4

Your NHS Number: XXXXX  
Date: XXXXXX

### Book your coronavirus (COVID-19) vaccine appointments now

Dear [NAME]

You can book your free NHS coronavirus vaccination appointments by contacting us on xxx.

We have sent you this letter as experts recommend that people with certain medical conditions should be among the first to get the vaccine.

#### About the coronavirus vaccine

The coronavirus vaccine is free of charge to you.

You need 2 doses of the vaccine to get the best protection from the virus. Each dose must be at least 21 days apart. When you book your first appointment, you will also need to book your second appointment.

For more information, read the leaflet that came with this letter, or visit [www.nhs.uk/covid-vaccination](http://www.nhs.uk/covid-vaccination)

Some people may not be able to get this vaccine at the moment. If you are a woman of childbearing age, or have had bad allergic reactions in the past, it is important that you read all the guidance. You can also ask about it when you book, or discuss it with a health professional when you attend your appointment.

#### Other information [This section should not be used until the national call/recall service is activated]

You may also receive an invitation letter from the national NHS. If you choose to book through our services by calling xxxx, you don't need to book again.

If you have already booked through the national service you do not need to do anything now, and your records will be updated automatically.

Yours sincerely,

[Signatory]