



Classification: Official
Publications approval reference: 001599

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

7 January 2021

To:

Chief Executives of all NHS Trusts and Foundation Trusts
Chief People Officers
Chief Nursing Officers
Vaccine SROs
Primary Care Networks
GP Practices

Copy to:

CCG Accountable Officers
CEO Local Authorities
Chief Executives of independent sector providers
NHS Regional Directors
Regional Vaccine Operations Centres
Regional Directors of Commissioning
Regional Directors of HR
Chairs of ICSs and STPs
Chairs of NHS Trusts and Foundation Trusts
Chairs of Local Resilience Forums

Dear Colleague,

Operational Guidance: Vaccination of Frontline Health & Social Care Workers

Further to the letter of 30 December 2020¹ this update provides additional operational guidance on the **immediate** requirement to vaccinate frontline health and social care workers ensuring maximum uptake of vaccination and timely, equitable access across staff groups.

Thank you to those of you who have already made significant progress to commence the covid vaccination programme and vaccinate patients. It is now time for us to vaccinate health and care workers, in line with the Joint Committee of Vaccination and Immunisation's (JCVI) prioritisation.

This is critical to ensure we protect health and care workers, patients and the public at a time when COVID-19 pressures across health and care are intensifying.

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C0994-System-letter-COVID-19-vaccination-deployment-planning-30-December-2020.pdf>

By mid-January NHS Trusts (including acute, mental health, community and ambulance trusts) will be established as “hospital hubs” with a responsibility for COVID-19 vaccine delivery to all individuals within JCVI cohort 2b as set out in the updated Public Health England Green Book ². JCVI recommend that within this group, you should give priority to frontline staff “at high risk of acquiring infection, at high individual risk of developing serious disease, or at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment”.

This includes but is not limited to:

- staff working on the vaccination programme
- staff who have frequent face-to-face contact with patients and who are directly involved in patient care in either secondary or primary care, mental health, urgent and emergency care and community settings
- those working in independent, voluntary and non-standard healthcare settings such as hospices, and community-based mental health or addiction services
- laboratory, pathology and mortuary staff
- those working for a sub-contracted provider of facilities services such as portering or cleaning
- temporary, locum or ‘bank’ staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients
- frontline social care workers directly working with vulnerable people who need care and support irrespective of where they work (for example in hospital, people’s own homes, day centres, or supported housing); or who they are employed by (for example local government, NHS, independent sector or third sector).

Action Required

By mid-January, all NHS Trusts will be established as “hospital hubs” and the default provider of COVID-19 vaccinations for all healthcare and social care workers.

As the default provider, Hospital hubs should therefore:

- Build on the success of this season’s healthcare worker flu vaccination programme, taking immediate action to offer COVID-19 vaccination to directly employed frontline staff.

²https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948757/Greenbook_chapter_14a_v4.pdf

- Work with local authorities to plan and deliver COVID-19 vaccinations to all front-line social care workers.
- Work with CCGs and local systems to offer COVID-19 vaccination to all healthcare workers working in primary care as well as independent practitioners and independent providers including general practice (including locum staff), community pharmacy, dentistry, optometry and hospices.

Hospital hubs will be the default provider for vaccination of all health and social care workers as they have available capacity to offer vaccinations now. Local systems may wish to develop alternative local arrangements with vaccination centres (which are being mobilised from 11 January), or GP and Community Pharmacy-run local vaccination centres.

Hospital hubs will need to liaise with partner organisations in order to provide optimal coverage and by organising clinics at times which are accessible to all health and social care workers.

It is expected that Trusts will complete COVID-19 vaccination of all frontline health and social care workers as quickly as possible. Trusts will need to focus on achieving maximum uptake of the vaccine; with the expectation to have made significant progress by the first week of February, and to provide vaccinations 7 days a week.

To support prioritisation, the latest guidance from JCVI, which sets out the first and secondary priorities for the current COVID-19 vaccination programme, is included below³.

A Standard Operating Procedure for healthcare workers is included at Appendix 1 to support local system planning and the Standard Operating Procedure for social care workers is to follow.

Next steps should involve ensuring that the Trust lead for staff vaccinations (usually NHS Trust Chief People Officers, Directors of HR, Chief Nursing Officers or Chief Operating Officers) and leads from established staff networks, engage with the local vaccine operations centre and SRO to develop and implement detailed plans for delivery.

If you have any questions about this letter, please email the national vaccine operations centre at england.covidvaccs@nhs.net and the team will be happy to respond.

Thank you again for your continued efforts. In providing the COVID-19 vaccine in a fast and equitable way, we aim to protect patients, staff, carers and families and continue to deliver high-quality care in the most demanding circumstances.

3

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/948338/jcvi-advice-on-priority-groups-for-covid-19-vaccination-30-dec-2020.pdf

Yours sincerely



Dr Emily Lawson
NHS Chief Commercial
Officer and SRO Vaccine
Deployment



Dr Nikita Kanani
Medical Director for
Primary Care



Prerana Issar
NHS Chief People Officer

Appendix 1: Standard Operating Procedure for Hospital Hubs Vaccinating Health & Social Care Workers

1. Co-ordinate with Partners

- 1.1. Hospital hubs will need to co-ordinate with local partners organisations to provide optimal coverage and capacity to ensure that all health and social care workers can access the vaccine in a timely way.
- 1.2. Working with partners Hospital hubs should:
 - Identify and prioritise **directly employed frontline staff** using ESR, as is the case for flu vaccination.
 - Work with local authorities who will be responsible for the identification and prioritisation of **social care workers** and need to share information on the number of staff in this group to inform planning.
 - Work with CCGs who will be responsible for collating information on eligible staff in all other healthcare settings **including primary care and independent providers in their systems** and will share information on the number of staff in this group to inform planning.

2. Vaccinator Capacity

- 2.1. Once the size of the cohort is understood at a local level, hospital hubs should work to identify and train sufficient vaccinator numbers to rapidly scale up in order to have made significant progress by the first week of February, drawing on the national vaccinator workforce offer as required.

3. Clinic Locations & Times

- 3.1. As has been the case for hospital hubs operating to date, clinical locations should be planned to ensure infection prevention and control measures are maintained and that vaccination can take place safely.
- 3.2. Hospital hubs will need to liaise with partner organisations to provide vaccination clinics at times which are accessible to all frontline health and social care workers and will wish to consider phasing invitations for different organisations in order that they can maintain service delivery and setting up clinics outside of peak times and at weekends to accommodate this.
- 3.3. Trusts will wish to consider making specific arrangements for clinically extremely vulnerable health and care workers to maximise vaccination uptake and ensuring infection prevention and control measures are maintained.

4. Invitations & Booking

- 4.1. Hospital hubs should identify which booking and scheduling mechanism will be used to manage clinic bookings and make sure this is accessible to all health and social care workers.

- 4.2. Directly employed staff will be identified through ESR and have identification as employees. Social care workers will be required to present with a notice of eligibility provided by the Local Authority along with their work or other photo ID. Primary care staff will have been identified by the CCG but should be able to provide evidence of their employment status in a health or care organisation.
- 4.3. To help NHS organisations and communications teams with rolling out a COVID-19 vaccine campaign to healthcare and social care workers, there is a suite of free print, digital and social campaign materials available on [PHE's Campaign Resource Centre](#). Various versions of the posters/collateral have been developed, with different call-to-actions to be used depending on vaccine availability.

5. HR, Staff Engagement & Communications

- 5.1. Organisational focus and engagement should ensure that all staff members can make informed decisions about receiving the vaccine. The healthcare worker flu vaccination programme has clearly demonstrated that board level leadership and early engagement with staff groups, representative bodies and more widely with community leaders are critical success factors in maximising uptake.
- 5.2. Addressing staff questions and concerns early will support informed decision making and Trusts should circulate FAQ documents and / or host engagement events with staff groups in the initial phase of implementation, working with partner organisations to ensure a consistent messaging across all employers. A communications toolkit was circulated on 31 December to help in addressing the most frequently asked questions and to support consistent messaging.
- 5.3. This includes reaching those colleagues who might not benefit from traditional information cascades and groups where research suggests increased vaccine hesitancy. Engagement activities for immediate consideration include 'virtual Town Hall' briefings involving medical and nursing directors, chaplains, and staff network leads. A proposed timeline for local delivery that is accessible to all staff and dedicated queries and support service regarding the vaccine should be considered. Established staff networks should be actively engaged by the organisation to include them in the planning process.

6. Recording Vaccination Event

- 6.1. The approved solution for capturing vaccination data for health and social care worker vaccination is the National Immunisation & Vaccination System (NIVs) or NIMS.
- 6.2. Vaccination events should be recorded on point of care systems at the time of administering the vaccine. There should be minimal delay in updating the system.
- 6.3. Adverse reactions should be recorded on the point of care system.

7. Monitoring Uptake

- 7.1. Progress with vaccination uptake across the health and social care worker cohort will be monitored in real time using NIVs and NIMS and reported formally as part of the wider programme.

- 7.2. Following local risk assessment processes, organisations will have identified staff at highest risk from Covid-19. It is recommended that Board level assurance and detailed local monitoring to ensure timely uptake amongst these staff members is undertaken.

Appendix 2: Activity Overview

Now	Next Week	Onwards
☐ Vaccinate healthcare and social care workers, following risk assessments as much as possible	☐ Work across local system to identify, prioritise and coordinate front line healthcare and care worker cohort	☐ Work across local system to identify, prioritise and coordinate front line healthcare and care worker cohort
☐ Work across local system to identify, prioritise and coordinate front line healthcare and care worker cohort	☐ Communications to healthcare and social care workers	☐ Communications to healthcare and social care workers
☐ Scale up vaccinator capacity to establish clinics 7 days a week	☐ Invite healthcare and social care workers and book clinics	☐ Invite healthcare and care workers and book clinics
☐ Invite healthcare and social care workers and book clinics	☐ Maintain capacity	☐ Maintain capacity
☐ Plan clinics to ensure infection and prevention control can be maintained	☐ Ensure all slots are used; coordinate attendance at hospital hub	☐ Ensure all slots are used; coordinate attendance at hospital hub
☐ Develop communications for healthcare and social care workers; enable booking, pre-populating consent and personal information where possible.	☐ Record vaccination event	☐ Record vaccination event
☐ Engage staff networks	☐ Monitor uptake	☐ Monitor uptake
☐ Record vaccination event	☐ Review and improve operations	☐ Review and improve operations
☐ Monitor uptake		
Measure Review and Improve		