**Operational Note to all sites: Preparation for the Self-declaration pathway of Immunosuppressed patients for COVID-19 vaccination and reminder to vaccinate patients presenting via a referral letter**

* [JCVI recommends](https://www.gov.uk/government/news/jcvi-issues-advice-on-third-dose-vaccination-for-severely-immunosuppressed) that people aged over 12 years with a severely weakened immune system should be offered a third dose as part of their primary COVID-19 vaccination course. Please note that this operational guidance is aimed at patients aged 16 years and above. The guidance for 12 to 15 year olds continues as is current practice, and is outlined in our operational [ops note from 4 October](https://future.nhs.uk/COVID19VaccinationCentres/view?objectId=114876741). In line with this guidance, sites that are compliant with the readiness requirements to vaccinate 12-15 year olds shall continue to vaccinate patients aged 12-15 year old who present with a referral letter.
* Further guidance was published by NHSE/I on identifying and inviting Immunosuppressed individuals for a 3rd dose with information provided in [our letter from 30 September](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/09/C1428-covid-19-vacc-assuring-implementation-of-jcvi-guidance-vaccinating-immunosuppressed-individuals-third-pr.pdf) to NHS trusts and [our letter to Primary Care Networks](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/09/C1427-covid-19-vacc-assuring-implementation-of-jcvi-guidance-vaccinating-severely-immunosuppressed-individuals.pdf)), to support access and increase uptake for this important group.
* [We have asked hospital consultants](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/09/C1428-covid-19-vacc-assuring-implementation-of-jcvi-guidance-vaccinating-immunosuppressed-individuals-third-pr.pdf) to verify all patients identified as eligible for a third primary dose within their care, contact these patients to discuss the optimal timing for administering a third dose and either arrange for a vaccination directly, or send a letter to the patient, copied to their GP, to support vaccination elsewhere. If a patient presents at your site with one of these letters, then please administer their vaccination.
* This note provides operational guidance on the actions and preparations required by all vaccination sites to administer the third primary COVID-19 vaccination dose to immunosuppressed patients. These are the most vulnerable patient group and we need to ensure maximum accessibility for safe and prompt vaccination
* As outlined in our [ops note from 4 October](https://future.nhs.uk/COVID19VaccinationCentres/view?objectId=114876741), for patients attending with a referral or recommendation from their GP or clinical consultant, vaccination can proceed either under the Patient Group Directive (PGD) or National Protocol. Please make all staff, including front of house volunteers, aware of the third primary dose vaccination for immunosuppressed patients that patients presenting with a referral or recommendation are not turned away.
* Shortly, **individuals will be able to self-declare eligibility for a 3rd dose vaccination.** Site leads together with their regions and systems must prepare for a self-referral pathway that will be open to eligible immunosuppressed patients. These individuals will be able to seek vaccination at all vaccination sites which offer walk-in services.
* We have issued clinical guidelines to support this pathway. Further operational guidance and information on this self-referral pathway will be made available shortly. Sites will be required to have a prescriber available who can be on or off-site. An overview of the required local process is outlined below.

**FOR IMMEDIATE ACTION**

* With immediate effect, site leads are required to rapidly develop and implement the following processes and prepare for the self-referral pathway.
* Site leads must ensure that clinical staff with prescribing rights are available, which may be remotely, for advice and to provide authorisation to vaccinate under the PGD/Protocol as outlined below. For sites that do not have access to a prescriber (on site/off-site) available at present, they should work with regions to identify solutions such as ‘on-call’ arrangements with a prescriber that could be shared across sites at a system level or in addition to other roles to ensure that this role can be more easily filled.
* [COVID-19 infection prevention and control (IPC)](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) must be adhered to at all times. It indicates the measures required if a pathway is considered high or medium risk.
* Regional leads should work with sites to ensure the following processes are in place, and that appropriate clinical expertise is accessible at all times to support clinical assessment.
* In the case that a patient attends without a GP or consultant referral and self-declares eligibility, sites with access to a prescriber who can review the patient should vaccinate the patient under the PGD or National Protocol or direct administration under a PSD by the prescriber, following the process outlined below. The clinical assessment must be followed by a discussion with a prescriber to support vaccination under a PGD or the National Protocol.
* Where a patient presents via the self-referral route and the site does not have a prescriber available, the clinical site lead should have a conversation with the patient and advise the patient that currently the self-referral pathway is not available at Vaccination Centres and Community Pharmacies but will be made available shortly. The patient can contact their GP/ consultant to obtain a referral letter so that the vaccination can take place via the PGD or National Protocol.

**1) Welcoming patients attending for their 3rd primary course dose at a vaccination site**

* Sites must put in place processes to ensure all teams, including front of house volunteers, are briefed on the 3rd primary dose vaccination for eligible patients.
* Patients will identify via bringing one of the forms of proof outlined in the following section 2, either with a referral or via a self-declaration process. Sites must not turn these patients away for having not reached the 6-month eligibility criteria for a Booster vaccination. This is a third dose as part of the primary course rather than a Booster vaccination. Please make staff aware that some patients may incorrectly refer to this third dose as ‘booster’ vaccination.

**2) Confirmation of eligibility at arrival:**

Patients may identify via a number of ways:

For the referred pathway:

1. a **letter of referral or recommendation** from the patient’s GP or consultant

For the self-referral pathway via the following:

1. a copy of relevant hospital letters confirming either diagnosis or medication relevant to diagnosis. These will need clinical interpretation.
2. proof of medication e.g. repeat prescription or medication box for immunosuppressive medication (where this is relevant)

The above information is needed to support the prescriber authorisation step.

Where an individual **self-refers and attends with the evidence above**, then a clinical assessment will be required. Sites must put in place processes to direct self-declaring patients in a timely way to the clinical lead on site. Sites need to make preparations, and work together with their regional team and systems to find a local solutions to access a prescriber who may be on or off-site.

**3) Clinical assessment and administering vaccines: referral route**

Where a patient attends following **a referral or a recommendation** from their consultant or GP to receive their third dose, vaccination should proceed either under the Patient Group Directive (PGD) or National Protocol.

**4) Clinical assessment and administering vaccines: self-referral route**

The administration of vaccines is undertaken using the PSD, PGD or national protocol legal prescribing tools.  It is important to ensure that vaccination of individuals takes place in accordance with these tools.

To support vaccination where a patient is self-referring the following elements of a patient pathway will need to be in place.

* A clinical assessment step where it will be confirmed if an individual meets the criteria for a vaccination using the green book information <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>  and through obtaining some clinical  information such as medication being taken.
* Access to a prescriber to provide authorization for a vaccination to take place under a PGD or protocol if the clinical lead on site is not a prescriber.

Sites will need to identify how access to a prescriber can be put in place during vaccination sessions.  The prescriber role can be remote with an individual potentially overseeing a number of sites according to local need.   (Note that a prescriber can be a medical prescriber or independent nurse or pharmacist prescriber).

Where an assessment is made that an individual cannot have a vaccination there will need to be a locally based escalation process where further action is taken where appropriate to support an ability for vaccination to take place at a future date.  Further guidance will be provided shortly to support design of an escalation process for those sites that do not have a prescriber on site or remotely.

**5) Administering and recording Vaccines**

For patients presenting for a 3rd dose vaccination, JCVI recommendations are that a mRNA vaccine is preferred.  This would be a full dose or 0.3mls of Comirnaty (Pfizer-BioNTech) or a full dose 0.5 mls of Spikevax (Moderna). For those aged 12 to 17 years, the Comirnaty (Pfizer-BioNTech) vaccine is preferred.  **It is important to note that the dose of Spikevax (Moderna) for patients with immunosuppression for their third dose of the primary course, is different from that to be administered for other individuals receiving boosters**. The dose of Spikevax (Moderna) for boosters is 0.25mls.

* The 3rd dose should be recorded in the Point of Care system as a booster. For patients that are self-referring, sites should briefly record the rationale in the PoC system.

**6) Post-vaccination observation**

Sites must ensure sufficient space is available for required post-vaccination observation for this group in line with existing requirements.

If you have any questions  please contact [england.vaccinecentresgroupsupport@nhs.net](mailto:england.vaccinecentresgroupsupport@nhs.net)