



23 March 2023

Dear colleagues,

Please find below the COVID-19 Vaccination Bulletin from NHS England. This provides need-to-know information from the national COVID-19 vaccination deployment team, supporting Vaccination Centres (VC), Local Vaccination Services (LVS) and Hospital Hubs across the country to deliver the COVID-19 vaccination programme.

Following feedback from colleagues, we are now combining previously separate bulletins into this single one. You are receiving it because you previously received the Operational Bulletin, the Clinical Update or the Workforce and Training Bulletin.

If you have any queries, please contact your SVOC who can escalate via the SVOC/RVOC escalation route.

To access links in this bulletin please join the [Covid-19 Vaccination FutureNHS Workspace](#).

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Cross-programme updates

[NEW: Updated GP and Community Pharmacy COVID-19 vaccination service Enhanced Service specifications for the spring campaign](#)

On Tuesday we shared updated enhanced service specifications for those PCN Groupings and community pharmacies which have agreed with their local commissioner they will continue to support the spring COVID-19 vaccination campaign. For these providers, the Enhanced Service specifications have been extended up to 31 August 2023. The updated specifications can be found [here](#) and [here](#). Minimal updates have been made to the specifications. Please note the existing item of service fee and housebound supplement will continue as per the terms of the enhanced service specifications.

In addition, and as a one-off transitional arrangement, an additional payment can be claimed for completion of the older adult care home visit to small and medium sized care homes within an accelerated timeframe of 8 weeks as per the terms of the service specifications. Please be aware that the Enhanced Specifications shared are an extension of the autumn/winter documents and as such continue to reflect the additional payment for activity to vaccinate in all adult care homes in place from September until 23 October 2022. The additional paragraphs for Spring 2023 describe a separate additional one-off payment for completion of vaccinations in small and medium sized older adult care homes only during the Spring 2023 campaign, up to and including 28 May 2023.

There will be no additional payment for large and very large adult care homes, nor other types of care home. Additional operational guidance will be shared shortly to support this incentive, which will include detail on how this activity can be reported.

We have also updated the template [PCN Grouping collaboration agreement](#) to include the new end date. Where there are any changes to collaboration arrangements, or new collaborations being established, this updated agreement document can be used. For CPs supporting the spring booster campaign, regional teams will issue contract variation letters shortly.

[New: Updated Standard Contract Schedules for COVID-19 Spring 2023](#)

The new Standard Contract Schedules for the COVID-19 Spring 2023 campaign were shared with commissioners on Wednesday 22 March 2023 and can be found here: <https://www.england.nhs.uk/coronavirus/publication/covid-19-vaccination-programme-standard-contract-schedules/>.

Full details of the Standard Contract can be found here [NHS England » 2023/24 NHS Standard Contract](#).

Standard Contract Amendments:

There are several changes to the schedules and the NHS Standard Contract from 1 April 2023.

The Standard Contract has been updated to include two specific clauses in relation to Provider responsibility for COVID-19 vaccinations. Contract holders are required to:

- use all reasonable endeavours to ensure that all eligible frontline Staff in contact with Service Users are vaccinated, in accordance with JCVI and Green Book Guidance, against influenza and COVID-19;
- and ensure that, where Staff have any contact with a Service User who is either immunosuppressed and/or pregnant (other than while that Service User is an inpatient), they provide that Service User with brief advice on COVID-19 vaccination, in accordance with JCVI and Green Book Guidance, including on available routes for accessing a vaccination service.

Please be aware that these changes to the Standard Contract take effect from 1 April 2023 but are to be enacted in line with JCVI and Green Book guidance, e.g. the requirement to vaccinate frontline staff will only apply in autumn, should vaccination of this group form part of JCVI guidance.

Schedules and key changes:

We have streamlined and combined the Schedules for Hospital Hubs, Hospital Hubs+ and Vaccination Centres. Hospital Hub and Hospital Hub+ will deliver COVID-19 vaccinations to long-stay inpatients (21 days and above) and opportunistic vaccinations in short stay, outpatient and community settings. Hospital Hub+ will also vaccinate eligible public cohorts. Vaccination Centres will deliver COVID-19 vaccinations to eligible cohorts.

An additional payment for vaccine doses administered to housebound patients and an additional one-off payment for completion of visits to small and medium sized older adult care homes now forms part of the payment schedules. The reporting schedules have been combined into a single document for all delivery models in one schedule.

[NEW: Are Pneumococcal and Shingles vaccines up to date?](#)

The pneumococcal vaccine is recommended for all those aged 65 years and over and those with certain long term health conditions. The shingles vaccine is recommended to those aged 70 to 79 years.

Both vaccines can be given at the same time as the COVID-19 vaccines so you may wish to offer them to those eligible alongside spring COVID-19 vaccinations or use these appointments as an opportunity to inform eligible individuals of the recommended vaccines and to offer another appointment.

UPDATED: Managing Site NBS/Q-Flow calendars for the launch of the COVID-19 Spring Campaign

Sites have been asked to prepare to deploy VidPrevtyl Beta (Sanofi) and Comirnaty Original/Omicron BA.4-5 (Pfizer) for the spring campaign. A new vaccine calendar called 'Sanofi' will be added to all sites in Q-Flow this week.

All sites should open their National Booking Service calendars in a timely way to allow people to book appointments from 5 April 2023 in advance of the start of vaccinations on 17 April 2023.

Please visit [this page](#) on FutureNHS for further information, including how to add availability in Q-Flow for the correct cohort to book through the NBS.

REMINDER: Reactivating your NBS and Point of Care accounts before the spring campaign

Before the spring campaign begins, please check the status of your user accounts on NBS/Q-Flow and Point of Care (PoC). If users have been inactive on Q-Flow for over 50 days and/or on PoC for over 90 days, accounts are automatically deactivated for security reasons.

To reactivate your Q-Flow account, please speak to an active site manager at your site. If there are no active site managers available, please raise this with your SVOC team. Full Q-Flow guidance on unlocking is available [here](#). For general NBS/ Q-Flow help and support including escalation routes and FAQs, please visit [this page](#).

To reactivate a PoC account, please ask an active site admin for your team. If there are no active site admins then please contact your PoC Service Desk. Links to the different service desks can be found [here](#).

REMINDER: Update to Point of Care systems by 3 April 2023

It is essential that all providers record vaccination events as soon as possible. Vaccination events should be inputted on the same day for clinical reasons unless in highly exceptional circumstances.

By 3 April 2023, it will no longer be possible to create COVID-19 vaccination records in Point of Care (PoC) systems if more than 15 days have passed since vaccination was administered.

Providers are asked to urgently review their processes to ensure that COVID-19 vaccination events are inputted on the same day by default and ensure all staff delivering COVID-19 vaccinations are aware of the planned change to PoC system by 3 April 2023. For further information, please visit [this page](#).

[REMINDER: FAO: Vaccination Sites using Non-Clinical IT kit \(Kiosk devices etc.\)](#)

As we return to business as usual, many of the Non-Clinical IT (NCIT) service arrangements put in place during the pandemic will terminate at the end of this financial year.

Please [find here](#) a summary of changes that will affect users of these services. Further communication on the NCIT kit will be provided by via this bulletin in future weeks.

[REMINDER: Changes to the central vaccination email inboxes from April 2023](#)

During the next month, please note the following changes to central mailboxes within the Operations and Delivery team, with phased streamlining to be complete by 31 March 2023.

These existing mailboxes will be closing after 31 March:

- **Vaccination Centres** - england.vc.planassure@nhs.net
- **Hospital Hubs** - c19vaccination.dephospital@nhs.net
- **Overseas Service** - england.overseas@nhs.net

All queries will then be directed to england.vaccinecentresgroupsupport@nhs.net or for local vaccination services please continue to use england.pccovidvaccine@nhs.net.

Sites should continue to raise queries via the SVOC/RVOC/NVOC process.

Primary care/ community pharmacy updates

[REMINDER: Choosing or switching your Point of Care provider before the Spring Campaign](#)

Did you know that the NHS offers your site the simple opportunity to switch to a different Point of Care (PoC) System?

If your site would like to switch, please raise a PoC switch request with your regional team / RVOC or SVOC with your site details, the new PoC you want to join, and two current IT users. Your regional team / RVOC or SVOC colleagues will then approve and submit a change request. The request will be approved within seven working days, after which you will be contacted by the new PoC provider with account details. After this, you will not be able to add new vaccination events on the old system but will be able to view and edit old ones.

For more information visit our [PoC Switching page](#).

Clinical updates

[NEW: Updates to UKHSA's Green Book, Chapter 14a \(7 and 9 March 2023\)](#)

Following the JCVI statements on the [COVID-19 vaccination programme for 2023](#) and on [Spring 2023 COVID-19 vaccinations](#), a revised version of the [Green Book Chapter 14a](#) was recently published. Some of key changes are summarised below, but clinical teams are advised to read and familiarise themselves with all the amendments. The updates include information about the ongoing offer as well as clinical data supporting the recommendations.

New: Spring 2023 booster eligibility

The following groups should be offered a booster dose of a COVID-19 vaccine, if at least three months have passed since their last dose:

- adults aged 75 years and over (irrespective of place of residence)
- residents in a care home for older adults (of any age)
- individuals aged 5 years and over who are immunosuppressed (as defined in the immunosuppressed rows of Tables 3 and 4 in Chapter 14a of the Green Book)

New: Reaching target age

The Green Book enables those who will turn 75 years of age by 30 June 2023 to receive vaccination at any point in the campaign.

Update: Bivalent mRNA vaccines

Updated COVID-19 mRNA vaccines for variants Original/Omicron BA.4-5 are recommended. The Green Book includes details about these products. The [VDP Deployment Guide](#) advises on the vaccines that will be made available to start the Spring campaign.

To note, the Green Book references a formulation of Comirnaty® Original/Omicron BA.4-5 with a strength of 5/5micrograms for 5- to 11-year-olds. As this product is not currently available in the supply chain, whenever the programme refers to Comirnaty® Original/Omicron BA.4-5, it is referring to the 15/15 micrograms strength, which is the product for those aged 12 years and over. Any changes to this approach will be communicated.

New: VidPrevtyn Beta

VidPrevtyn Beta® is recommended for those aged 75 years and over (and those aged 65 years and over residing in care homes for older adults). The Green Book includes detail about this product, including clinical efficacy and handling of the vaccine.

Update: Alternatives to mRNA vaccines

When an mRNA vaccine is considered clinically unsuitable, VidPrevtyn Beta® can be offered for those aged 65 years and over, and Nuvaxovid® remains an option for those aged 12 years and over.

Update: Vaccine type for primary courses

Where COVID-19 mRNA vaccines are used, the recommendation based on clinical evidence and current supply is to use bivalent vaccines for primary courses, with a preference from JCVI to use the latest variant vaccines available. This would constitute off label use, and the new PGDs and National Protocols will facilitate administration in this way. For the start of the Spring, this means that Comirnaty® Original/Omicron BA.4-5 will be the vaccine of choice for primary courses for those aged 12 years and over. For 5- to 11-year-olds, Comirnaty® 10 Concentrate remains the vaccine of choice in the current supply chain.

Update: Suspension of 15-minute observation period for individuals without a history of allergy

The suspension of the 15-minute observation period for individuals without a history of allergies now applies to all currently available COVID-19 vaccines, including VidPrevtyn Beta®. Vaccination sites should retain an observation area for those individuals that do have a history of allergy, and vaccinating teams should continue to follow the guidance in the Green Book, including Table 5 'Management of patients with a history of allergy' and the associated flowchart.

Following vaccination with any of the COVID-19 vaccines, all individuals should be observed for any immediate reactions whilst they are receiving information and, where applicable, leaving the site. If at any point during this time an individual appears unwell or there are concerns about potential adverse effects, they should be advised to remain on site for a period of observation.

Due to the risk of fainting and other side effects, all individuals who are vaccinated should be strongly advised not to drive for at least 15 minutes after receiving their vaccine.

Update: Removal of the deferral period post infection with COVID-19

There is no need to defer immunisation in individuals after recovery from a recent episode of suspected or confirmed COVID-19 infection. If they are considered clinically well, vaccination may go ahead.

Update: Removal of academic year group distinction

The preference to give 12-year-olds in academic Year 7 the same vaccine as 5–11-year-olds has been removed. All 12-year-olds, regardless of academic year group, should now receive a Comirnaty® vaccine suitable for those age 12+, which for the start of the Spring campaign will be Comirnaty® Original/Omicron BA.4-5. Those children who started a primary course as an 11-year-old with Comirnaty® 10 Concentrate and have since turned 12 years old may complete the course with Comirnaty® 10 Concentrate or Comirnaty® Original/Omicron BA.4-5.

Update: Change in risk categorisation for 5- 11-year-olds who are household contacts of people with immunosuppression

Individuals between the age of 5-11 years are no longer included in a risk group if they live with someone who is immunosuppressed. For those who are yet to complete their primary course, the time interval between the first and second dose moves from 8 weeks to 12 weeks, in line with the clinical recommendations for those in this age cohort who are not in a risk group.

Update: Removal of recommendation for 7-day interval between shingles and COVID-19 vaccine

A 7-day gap between administration of the shingles and COVID-19 vaccine is no longer required and both may be administered together.

Update: Forthcoming changes to the primary course offer

Further details about these changes will be communicated separately.

[NEW: Confirmation of administration needles and syringes to be used for Comirnaty Original/Omicron BA.4-5 and VidPrevtyn Beta, and the adjuvant needle for VidPrevtyn Beta](#)

UKHSA have informed the NHS that the combined needle and syringe (CNS) for the administration of VidPrevtyn Beta and Comirnaty Original/Omicron BA.4-5 will be as follows.

Comirnaty Original/Omicron BA.4-5:

The CNS for standard administration will be supplied by GBUK/Caina and will be a Safety Retractable Needle 25G x 25mm with needle cover and 1ml Syringe. The CNS for administration for those individuals with morbid obesity will be supplied by Reliance Medical and will be a Safety Retractable Needle 25G x 38mm with needle cap (flip up safety cap) and 1ml Syringe.

These are the same products that were used with the Comirnaty Original/Bivalent BA.1 vaccine.

Education and training materials produced by the supplier, including a video and poster, are available here:

- GBUK: <https://gbukgroup.com/safety-syringe-with-fixed-needle>
- Reliance Medical: <https://reliancemedical.co.uk/combined-safety-needle-and-syringes/>

Please ensure all colleagues who will be required to vaccinate using these CNS have completed the training prior to the start of the campaign. Preparation and administration of the vaccine should continue using correct existing practice, which remains the same.

VidPrevtyn Beta:

The CNS for standard administration will be supplied by BD Flu+ 23G x 25mm and 1ml syringe. The CNS for administration for those individuals with morbid obesity (M/O) will be supplied by GBUK Prosum CNS 23G x 38mm and 1ml syringe. Both are non-safety products.

- The BD Flu+ CNS 23G x 25mm is the same product that was previously used with the Spikevax Original vaccine.

- The GBUK Prosum CNS 23G x 38mm is the same product that was previously used with the Spikevax Original/Omicron BA.1, Vaxzevria and Nuvaxovid vaccines.

A **new** adjuvant needle and syringe will be supplied by GBUK Prosafe 21G x 38mm with needle cover and 3ml Syringe. This is a safety product with a flip-up cap that covers the needle.

Education and training materials for the Prosafe CNS produced by the supplier, including photos and instructions for use, are available here:

- GBUK: www.gbukgroup.com/syringe-with-safety-needle

Important technical information: Ensure the needle is **securely** attached onto the syringe, by pushing the needle towards the syringe with a clockwise twisting action. This can be completed whilst in the pack but best practice and in line with the products instruction is to complete this immediately as removed from outer packaging and prior to use.

Please ensure all colleagues who will be required to vaccinate using these CNS have completed the training prior to the start of the campaign. Preparation and administration of the vaccine should continue using correct existing practice, which remains the same.

The GBUK/Caina and Reliance Medical CNS are in packs of 100, the BD Flu+ CNS is in packs of 200 and the GBUK Prosum and GBUK Prosafe CNS are in packs of 100. Each type of CNS will be sent on a one for one basis alongside vaccine deliveries.

As the minimum order quantity for Comirnaty Original/Omicron BA.4-5 is 60 doses and the minimum order quantity for Vidprevtyn Beta is 100 doses there will be some oversupply of both standard administrative needles, as well as the M/O CNS for the Comirnaty BA.4-5 vaccine. This oversupply will be managed by the on-off logic built into the Ordering Platform. This logic automatically reduces or removes the CNS from future orders until the oversupply equals or nearly equals the quantity of vaccine doses a site has received.

However, as all of the administration CNS products being used for the Spring Campaign have previously been used with other Covid-19 vaccines, sites may already have stocks available. Where this is the case, **sites are requested to actively deselect CNS via the Foundry Ordering Platform when placing their vaccine orders until their stocks are diminished.** This action will help us avoid building further stock holdings, as well as helping sites to deplete unused CNS supplies. Guidance on how to do this can be found on [FutureNHS](#).

Please note: The CNS for each vaccine type is provided in a bundle containing all relevant CNS, please ensure you have sufficient quantities of **all** the CNS required for each vaccine type (diluent/adjuvant and administrative) before deselecting the CNS from your order. It is not possible to deselect only the administrative CNS.

For example: The CNS bundle for VidPrevtyl Beta will include both the adjuvant and administrative CNS required for this vaccine. The adjuvant CNS for VidPrevtyl is a new product and sites ***must not*** deselect the CNS bundle for this vaccine type until adequate supplies are held on site.

Further information about the management of CNS stock holdings can be found [here](#).

[NEW: Tools and resources for Spring 2023](#)

A series of clinical tools and resources which will support the spring 2023 campaign are due to be published w/c 27 March. Clinical teams are advised to plan for time to read, understand and adopt these ahead of campaign launch.

[Specialist Pharmacy Service guidance and template SOPs](#) are being revised in preparation for the deployment of new vaccines.

New [PGDs and National Protocols](#) are being developed, with the aim to streamline the number of legal mechanism documents that staff have to read and be authorised to use. Instead of having separate documents for each vaccine type, the new documents will group these together based on age cohorts: one for 5–17-year-olds and one for adults.

The [COVID-19 Vaccination eLearning programme](#) will be updated to reflect new and updated vaccines.

The [Current Cohort Eligibility Tool](#) will be refreshed to cover the eligibility for both primary courses and boosters during Spring 2023.

[NEW: Frozen ULT Shelf-Life Updates for Comirnaty® Original/Omicron BA.4-5](#)

From 28 March, all deliveries to vaccination sites by our Specialist Pharmaceutical Logistics (SPLs) partners of Comirnaty BA.4-5 will be subject to a frozen shelf-life update. This update will be applied by the SPLs prior to delivery and **sites do not need to take any action**.

This shelf-life update means that frozen vials, can be stored at -90°C to -60°C, for up to 18 months if appropriate conditions have been maintained.

Sites are not permitted to update the shelf-life of any Comirnaty BA.4-5 vaccine already held on-site.

Sites must always adhere to the **thawed expiry date** as displayed on the post thaw label on the carton when using the vaccine. If this date has passed, the product has expired and must be disposed of immediately in line with your site's expired vaccine disposal procedure.

The Direct Healthcare Professional Letter explaining this extension can be accessed [here](#).

NEW: Case Studies

Case studies capturing achievements, new initiatives and improvement activities developed by systems as part of COVID-19 Vaccination Programme can be accessed via the [Shared Learning platform](#). Below are the final case studies to be published during this phase of the Programme:

- [Making Every Contact Count in shopping centre clinic](#)
- [Supporting communities where the uptake of the COVID-19 vaccine is low in Birmingham and Solihull](#)
- [Innovative ways to mitigate risks with multiple vaccines](#)
- [Implementing MECC in COVID-19 vaccination services - examples from learning visits](#)

We would like to say a huge thank you to everyone who has supported us, sharing their knowledge and experiences to develop this content, resulting in more than 85 improvement case studies being written.

In future, if you have a suggestion for an improvement or shared learning case study you would like to share, please submit it via FutureNHS using [this link](#).

Further national links and resources

Operational notes:

You can find all the latest operational notes on FutureNHS [here](#).

Clinical updates:

See previous [clinical updates](#).

Workforce support:

- [National Workforce Support Offer Toolkit](#) provides more detail about the National Workforce Support Offer and is a practical guide for local vaccination service leads.
- Contact your [Lead Employer](#) to access the National Offer and additional staff and vaccinators, as well as support with your workforce needs.
- For more details, please see our FutureNHS page on [case studies/FAQs](#) and recently guidance for [PCN groupings](#) and [community pharmacy](#).

Other Resources:

[Coronavirus vaccinations](#): Our Digital team helps you access up-to-date information, training and onboarding guides related to the tech and data solutions that are supporting the COVID-19 and seasonal flu vaccination programmes.

[COVID-19 Vaccination Programme workspace](#) provides members with access to key documents, resources, webinar recordings, case studies and past copies of the LVS Updates. There is also a discussion forum for members.

[Supply and Delivery Hub](#) helps you access key information in a timely way and helps support you to deliver your local vaccination service. Here you will find the latest delivery information (vaccine and vaccine consumables as well as non-vaccine consumables, equipment, and PPE) alongside the latest supply chain and customer service FAQs and other helpful information.

All C19 vaccination queries for national teams should be escalated via the SVOC/RVOC/NVOC process.