



England

# Seasonal Vaccinations Site Campaign Guide AW24

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# Overview of Seasonal Site Campaign Guide

## Overview

This document is to support new and existing sites to participate in Seasonal Vaccination Services for Autumn/Winter 2024 (AW24). This Site Campaign Guide will be regularly updated throughout the campaign with the latest information and can be accessed [here](#). Site teams should ensure that they use the most recent version. Important updates will also be issued via the [COVID-19 Vaccination Programme Bulletin](#), and [Primary Care Bulletin](#) that sites can sign up to [here](#).

A joint flu and COVID-19 system letter, regarding considerations and actions for regions and systems, 'Flu and COVID-19 Seasonal Vaccination Programme: Autumn/ Winter (AW2024)' has been uploaded to the [NHS Future website](#) and is also published [here](#).

This letter describes a start date of **Thursday 3 October 2024** for most adult flu and COVID-19 vaccinations to reflect that flu vaccine effectiveness can wane over time, and that most flu and covid vaccinations should be completed by **Friday 20 December 2024**.

Vaccination service providers will have been awarded a contract by their regional team and will work under the appropriate service specification (for Fixed Sites and/or Outreach Services). Your site must continue to meet the relevant contractual requirements throughout the programme.

# Programme summaries

COVID-19	Influenza
<p>The Government has accepted <a href="#">JCVI advice</a> regarding the eligible cohorts for Autumn/Winter 2024 (AW24) COVID-19 vaccine programme. NHSE has also published the AW24 Seasonal Campaign system letter which can be found <a href="#">here</a>.</p>	<p>The Government has accepted <a href="#">JCVI advice</a> regarding the eligible cohorts for the Seasonal flu vaccination and the National flu immunisation programme AW24 to 2025. The associated Service Specifications can be found <a href="#">here</a> for General Practice and <a href="#">here</a> for Community Pharmacy.</p>
<p>The AW24 COVID-19 vaccination campaign commences on 3 October 2024 and ends for NBS booked appointments on 20 December 2024 (last date for NBS booking availability 19 December 2024) for eligible cohorts, with Outreach vaccination continuing until 31 January 2025.</p> <p>JCVI has advised that seasonal COVID-19 vaccine should be offered to:</p> <ul style="list-style-type: none"><li>• individuals aged 65 years and over, (including those due to turn 65 of years on or before 31 March 2025)</li><li>• residents in a care home for older adults (as defined through CQC registration), irrespective of the individual's age</li><li>• Persons aged 6 months to 64 years in a clinical risk group (as defined in tables 3 or 4) in <a href="#">COVID-19 chapter of the Green Book</a></li></ul>	<p>JVCI have advised that a seasonal flu vaccine should be offered:</p> <p><b>From 1 September 2024 to:</b></p> <ul style="list-style-type: none"><li>• pregnant women,</li><li>• all children aged 2 or 3 years on 31 August 2024,</li><li>• primary school aged children (from Reception to Year 6),</li><li>• secondary school aged children (from Year 7 to Year 11),</li><li>• all children in clinical risk groups aged from 6 months to less than 18 years</li></ul> <p><b>From 3 October 2024 to:</b></p> <ul style="list-style-type: none"><li>• those aged 65 years and over, (including those due to turn 65 of years on or before 31 March 2025)</li><li>• those aged 18 years to under 65 years in clinical risk groups (as defined by the <a href="#">Influenza chapter of the Green Book</a>)</li><li>• those in long-stay residential care homes, carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person</li><li>• close contacts of immunocompromised individuals</li><li>• frontline workers in a social care setting without an employer led occupational health scheme including those working for a registered residential care or nursing home, registered domiciliary care providers, voluntary managed hospice providers and those who are employed by individuals who receive direct payments (personal budgets) or Personal Health budgets, such as Personal Assistants</li></ul>
<p>The government also decided to continue to offer vaccination to frontline health and social care staff, as well as staff working in care homes for older adults, in the AW24 programme. The link to the press release for further details is <a href="#">here</a>. The National Booking Service can be used for appointments.</p>	<p>All frontline health care workers, both clinical and non-clinical staff who have contact with patients, should be offered flu vaccine as a part of the organisation's policy for the prevention of transmission of flu. Social care workers directly working with people clinically vulnerable to flu should also have the flu vaccine provided by their employer</p>
<p>For those offering a Specialist Year-round COVID-19 vaccination service, the <a href="#">local pathway SOP</a> still stands and can be run in conjunction with the AW24 seasonal campaign.</p>	<p>There are circumstances where frontline staff, employed by specific social care providers without access to employer led occupational health schemes (see cohort eligibility above), can access the vaccine through the NHS free of charge. The National Booking Service can be used in those circumstances.</p>

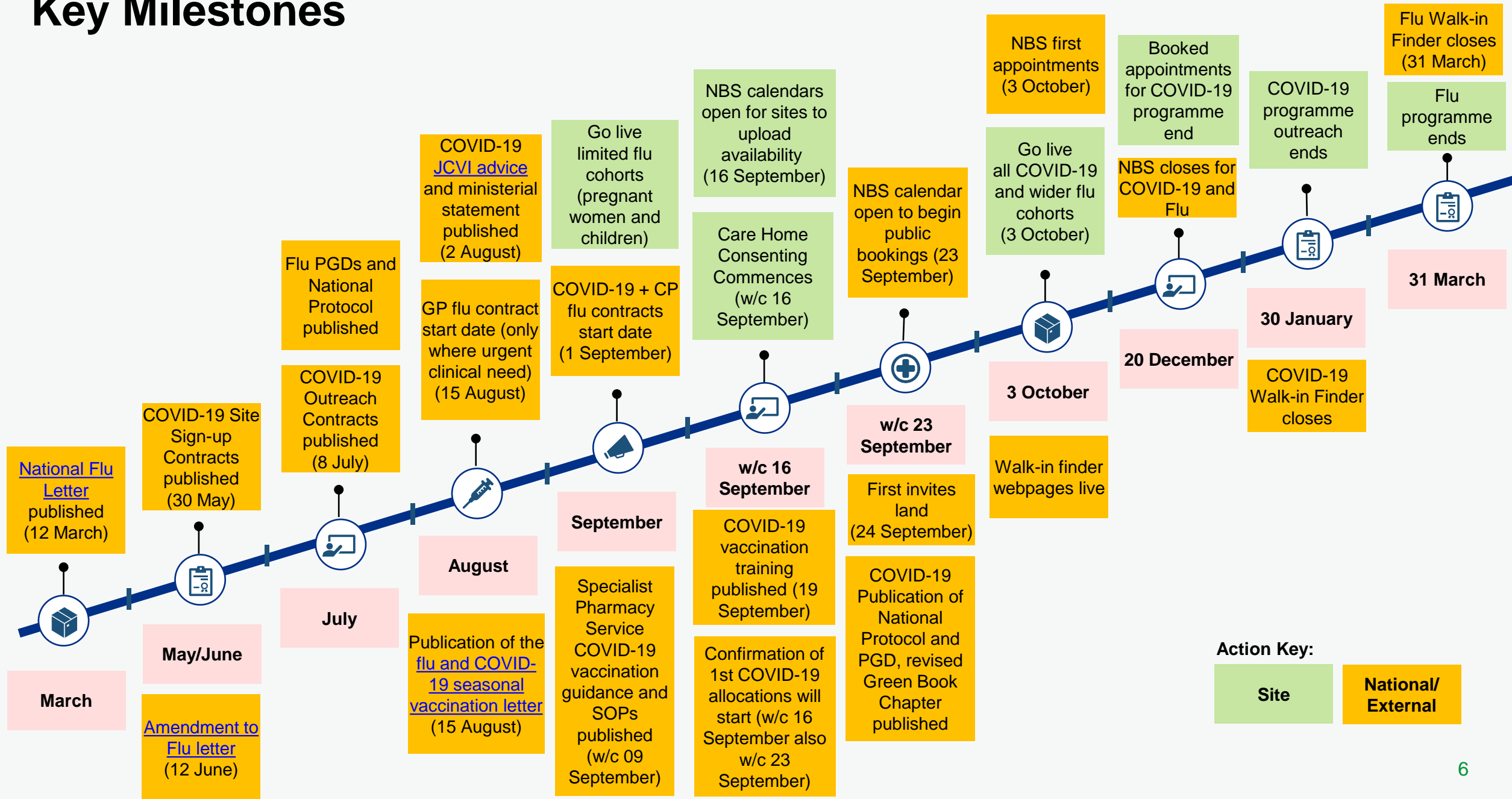
# Important contractual and clinical documentation

For General Practice / PCN groupings	For Community Pharmacy	For other sites (including HH / VC / DE)
<ul style="list-style-type: none"> <li>• <a href="#">GP COVID-19 enhanced service specification</a> or</li> <li>• <a href="#">General Practice COVID-19 Outreach Enhanced Service Specification</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Community Pharmacy COVID-19 Vaccination Programme Enhanced Service</a> or</li> <li>• <a href="#">Community Pharmacy COVID-19 Outreach Enhanced Service</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">COVID-19 and seasonal influenza vaccination programmes: Schedule (2A)</a></li> </ul>
<ul style="list-style-type: none"> <li>• <a href="#">GP Seasonal influenza vaccination enhanced service specification</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Community Pharmacy Seasonal Influenza Vaccination Programme Advanced Service</a></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">COVID-19 and seasonal influenza vaccination programmes: Schedule 3 – Payment</a></li> </ul>
<ul style="list-style-type: none"> <li>• <a href="#">PCN Grouping Collaboration Agreement</a> (for COVID-19 and/or flu)</li> </ul>		<ul style="list-style-type: none"> <li>• <a href="#">COVID-19 and seasonal influenza vaccination programmes: Schedule 6A contract management, reporting and information requirements</a></li> </ul>
<ul style="list-style-type: none"> <li>• <a href="#">General practice: seasonal influenza vaccination programme enhanced service 2024/25 – additional guidance on recording of influenza vaccination events, payments and collaboration</a></li> </ul>		

## Clinical documentation and staff actions to be completed before vaccination commences

- For COVID-19, review the [Green Book Chapter 14a](#) (revised version expected in September). Sites can also use the [COVID-19 Information for Healthcare Practitioners](#) to support their clinical practice.
- For flu, review the [Green Book Chapter 19](#) (revised version expected shortly). Sites can also use the [Flu Information for Healthcare Practitioners](#) to support their clinical practice.
- Familiarise themselves of their obligations in gaining consent. See [Green Book Chapter 2](#).
- Understand cohort eligibility, in line with the relevant chapters of the Green Book and their commissioned service.
- Manage clinical incidents through existing regional clinical incident processes for vaccines in line with UKHSA's [Vaccine incident guidance: Responding to errors in vaccine storage, handling and administration](#). This should include reporting via the MHRA [Yellow Card](#) scheme, which is the system for reporting all suspected side effects from medicines, vaccines, and medical devices, where appropriate.
- Ensure Standard Operating Procedures are in place ahead of receiving and using vaccines. For COVID-19, review and adopt the [Specialist Pharmacy Service \(SPS\) guidance and template Standard Operating Procedures](#) (revised versions expected w/c 09 September).
- For COVID-19, ensure that they are accessing the [COVID-19 Vaccination Bulletins](#) which provide clinical updates.
- Ensure they are familiar with and authorised to use the relevant legal mechanism(s) for administration: [COVID-19 PGD and National Protocol](#) (revised versions expected w/c 23 September), [Community pharmacy inactivated influenza vaccine PGD](#), [Inactivated influenza vaccine PGD template](#), [Live attenuated influenza vaccine PGD template](#), [Inactivated influenza vaccine National Protocol](#)

# Key Milestones



**Action Key:**

- Site
- National/External

# Key dates August - September 2024

Date	Action
30 August	<b>Local call/recall:</b> GP Dashboard updated to reflect JCVI eligibility and should be used to identify and invite people to book vaccinations for appointments.
1 September	<p><b>COVID-19 contracts commence:</b> (although seasonal vaccination must not commence until 3 October).</p> <p><b>Some flu vaccinations commence:</b> Pregnant women and children may be vaccinated against flu (CQRS will differentiate from other cohorts for payments).</p> <p><b>Patient information materials:</b> Sites should ensure that have patient information materials in appropriate formats from UKHSA available to support informed consent. These can be found <a href="#">here for flu</a> and <a href="#">here for COVID-19</a> once published and in the <a href="#">Campaign Resource Centre (gov.uk)</a>.</p>
5 September	<p><b>FDP site user training webinar:</b> Book at <a href="#">NHS Future FDP User training - Site users</a> Also available on 13 September.</p> <p><b>NBS / Q-Flow Site Manager Training Webinar:</b> Book at <a href="#">NHS Future FDP User training - Site users</a> Also available on 9, 11, 17 or 24 September.</p>
13 September	<b>FDP confirmation:</b> Deadline for site lead to confirm that details are correct on the Supply Dashboard in order to receive vaccine in w/c 23 or 30 September.
15 September	<b>CQRS:</b> Dead-line for GP practices who wish to participate in the seasonal and childhood influenza vaccination programmes for AW24 to have signed up for Calculating Quality Reporting Service (CQRS); extended from 31 July.
Before 16 September	<b>NBS onboarding:</b> Passwords for new NBS accounts and point of care accounts will have been sent to IT users.
16 September	<p><b>NBS opens to sites:</b> Sites should start using Q-Flow to add staff users, check site details and set site attributes, such as age of cohorts contracted to vaccinate, and accessibility criteria and set up calendars with appointments to commence on 3 October.</p> <p><b>COVID-19 vaccine orders:</b> First allocation delivery dates confirmed on Supply Dashboard for sites receiving deliveries in w/c 23 September (see also 25 Sept.).</p> <p><b>Consenting for care home residents can commence:</b> Sites can commence this work in preparation for vaccination visits from 3 October.</p>
17 September	<b>National flu invites:</b> Commence for 2-3 year olds. Reminders in w/c 14 October and 11 November.
19 September	<b>Workforce and Training guidance:</b> Will be published at <a href="#">FutureNHS</a> . Sites should ensure that all clinicians and vaccinators have completed relevant training.
23 September	<p><b>National COVID-19 &amp; flu invites:</b> Commence for older adults and those over 5 years in at-risk categories.</p> <p><b>NBS opens to public:</b> Members of the public will be able to make appointments for appointments to be held from 3 October onwards.</p> <p><b>119 opens to public:</b> Members of the public unable to use digital assets will be able to access non-clinical support including making a booking.</p>
25 September	<b>COVID-19 vaccine orders:</b> First allocation delivery dates confirmed on Supply Dashboard for sites receiving deliveries in w/c 30 September (see also 16 Sept.).
30 September	<b>COVID-19 vaccine supply:</b> TDM replenishment and exceptions process commences (orders created for delivery from 3 October onwards).

# Key dates October - March 2024

Date	Action
3 October	<b>Vaccinations commence:</b> for seasonal COVID-19 and remaining flu cohorts. Vaccination of those who in care homes or housebound should be prioritised. <b>NBS appointments commence:</b> for bookings made since 23 September. <b>COVID-19 vaccine supply:</b> Deliveries of orders created by dynamic replenishment or exceptional orders will commence.
13 December	<b>COVID-19 vaccine supply:</b> Last replenishment orders will be triggered on TDM. Last exceptions orders approved for order processing before Christmas.
18 December	<b>COVID-19 vaccine supply:</b> Last delivery date for vaccine supply orders before 7 January.
20 December	<b>End of NBS bookings:</b> Last bookings can be made on 19 December for final appointments on 20 December. NBS will close on 20 December and no appointments will be bookable post this date. <b>End of main COVID-19 programme:</b> Sites who have finished vaccinations (with agreement of regional commissioner) should <a href="#">Opt Out of Vaccine Replenishment</a> and have completed a final stocktake (to reflect that they no longer hold any COVID-19 vaccine).
2 January	<b>COVID-19 vaccine supply:</b> Vaccines required for the outreach period can start to be ordered through the exceptions process (for delivery from 7 January onwards).
31 January	<b>End of COVID-19 outreach:</b> Seasonal covid vaccinations should not be administered after this point. Year-round vaccinations pathway, for example to those who have received stem cell or CAR-T therapy may continue at limited sites and <a href="#">separate guidance is available</a> . <b>COVID-19 vaccine supply:</b> All seasonal COVID-19 sites should have completed a final stocktake (to reflect that they no longer hold any COVID-19 vaccine).
5 March	<b>Payments:</b> Final dead-line for pharmacy and PCN grouping sites to claim for COVID-19 vaccinations administered in December.
31 March	<b>End of flu campaign.</b>



# Onboarding/Readiness process - vaccination sites

## Overview

From confirming that you're participating, to receiving vaccine, then claiming for payment, there are several systems and processes to set up to make sure that it all goes smoothly. There are 3 main stages for either new or existing sites as outlined below.

### For new sites

#### 1. Onboarding:

- a. Your region / ICB will use the details that you've supplied to request a new COVID-19 site on FDP. This commences the set-up of systems such as those described elsewhere in this pack.
- b. More details about onboarding time-scales can be found on [this slide](#). It will take a minimum of 2 weeks once all information has been submitted correctly.
- c. GP practices wishing to deliver the seasonal influenza programme must sign up for CQRS before 15 September.

#### 2. Readiness:

- a. Read this pack and complete activities as described in the boxes marked 'for new sites' as well as following any local instructions. Your regional team will mark your new site as 'active' on FDP as soon as they are happy for the site to proceed, there is a contract in place and the site is fully ready to receive vaccine. They'll tell you how to report your readiness information back to them and you will be able to see this status change when made in the FDP Supply Dashboard.

#### 3. Vaccine supply:

- a. Once access to FDP vaccination tools is granted, a site representative must log onto [Supply Dashboard](#) and confirm that the delivery address and contact details are showing correctly before a site will receive their first delivery of COVID-19 vaccine. [See this slide](#) for more details on FDP.
- b. Confirmation of supply and date of COVID-19 vaccine delivery will be made in the same dashboard before the start of the campaign. [See this slide](#) for more details on COVID-19 vaccine supply.
- c. Providers of flu vaccine will need to follow instructions from their wholesaler to ensure that vaccines are delivered.

### For existing sites

#### 1. Participation:

- a. If your site administered COVID-19 vaccinations in Spring 24 and/or has never been formally closed, then your region / ICB will flag the site as participating in the AW24 campaign on FDP.
- b. Regions/ICB will also complete this for Detained Estates LVS sites with support from DE commissioners.

#### 2. Readiness:

- a. Check that you still have access to individual user accounts (that may be inactive if you have not logged onto them for a while).
- b. Review whether there have been any changes to your lead contact details, participating practices (for PCN groupings), address etc. If so, let your [SVOC](#) know as soon as possible so that the appropriate systems can be changed.
- c. Read this pack and complete activities as described in the boxes marked 'for existing sites' as well as following local instructions. Your region / ICB will ensure that the status of your site is changed to 'active' as soon as they're ready for you to proceed, you've confirmed acceptance of the contractual terms, and the site is fully ready to receive vaccine. They will tell you how to report your readiness information back to them and you will be able to see this status change when made in the Supply Dashboard.

#### 3. Vaccine supply:

- a. A site representative must log onto [Supply Dashboard](#) and confirm that the delivery address and contact details are showing correctly before a site will receive their first delivery of COVID-19 vaccine.
- b. Confirmation of supply and date of COVID-19 vaccine delivery will be made in the same dashboard before the start of the campaign.
- c. Providers of flu vaccine will need to follow instructions from their wholesaler to ensure that vaccines are delivered.

# COVID-19 Onboarding time-lines for new sites

Onboarding will follow a two-week pattern as follows:	What you should expect	Comments
Week 1: Monday e.g. Monday 9 Sept	ICS / Regional team will have submitted and approved your details on FDP by noon before each Monday dead-line. We may refer to this date as your designation date.	If any details are missing or if there are errors in e-mail addresses etc then this may mean that future dates will be delayed by a week. Any new DE LVS sites will be supported by the DE regional commissioners to onboard for the campaign.
Week 1: Wednesday e.g. Wednesday 11 Sept	New sites will be approved in FDP, and site IT users can request FDP access ( <a href="#">see this</a> slide for more on FDP).	
Week 2: Monday e.g. Monday 16 Sept	The national workstreams will have completed preliminary work, a new ODS code (the code that will be used to identify your site) will have been generated if needed, and your regional team will be able to see your site details created in FDP.	Once this work is completed your regional team will be able to let you know approximate time-scales for your site, what wave your site is in, your site ODS code (that you will need to use for all other systems) and start to add you to communications lists, waste disposal contracts etc.
Week 2: Wednesday e.g. Wednesday 18 Sept	IT users for PCN groupings should have received MYS log-in details. CP sites should have access to MYS activated.	Temporary passwords could end up in junk mail, so IT users should be vigilant to prevent expiry of the temporary password.
Week 2: Friday e.g. Friday 20 Sept	User account details will have been received for Q-Flow (for sites using NBS) and Point of Care systems. Designations before 29 July 2024 will receive these details shortly before 16 September 2024 to ensure that accounts don't require resetting due to inactivity before the season starts.	You should follow the actions on the slides about <a href="#">point of care systems</a> , <a href="#">the national booking service</a> and <a href="#">payments (for MYS)</a> . Specific instructions for DE LVS sites to access FDP using a non-mobile phone authentication will be provided.

\* Other dates may be added, but they'll follow this same 2-week pattern. Your SVOC will confirm which wave you've been assigned to.

# COVID-19 Vaccine Supplies

## COVID-19 Vaccine Supplies Overview

COVID-19 vaccines will be supplied to sites through the Targeted Deployment Model (TDM). Further details about the model can be found on [this slide](#).

Site users can review data about their site on Supply Dashboard during the campaign at [Supply Dashboard](#) including the daily coverage replenishment threshold – the level below which an TDM order is generated, and the current stock on site. A stocktake must be completed on receipt of their first vaccine and at least once every 7 days after that. Training material on how to complete a stocktake is available on [FutureNHS](#). The recording of vaccination events daily via the POC systems and weekly stocktakes (as a minimum), will be key to ensure supply replenishment is triggered for sites.

First Allocation deliveries will be made during **w/c 23 and w/c 30 September 2024**. Site managers should review their supply dashboard to understand when their first delivery will be made. You can set up notifications to let you know when new relevant information is published (for example when there is a new delivery scheduled) [Turning on Supply Notification Guide](#)

Vaccine deliveries take place 08.00 and 16.00 Monday to Friday and an estimated delivery time will be visible in the Supply Dashboard 24 hours before delivery. **The site lead must ensure that a trained individual will be available on site to receive the vaccine between 08.00 and 16.00 on the day of delivery, not just during the ETA window in case the delivery window is subject to delays.**

### For new sites

- Access the [Supply Dashboard](#) on FDP as soon as possible and complete the one-time acknowledgement page asking you verify that site details are correct (site lead contact, address and fridge capacity). You must let your [SVOC](#) know urgently if you identify any discrepancies. For vaccine deliveries during w/c 23 or 30 September you must submit the acknowledgement page by **13 September**. Vaccine will not be released until this step has been completed.
- You must ensure that someone is available to receive vaccine on the delivery date shown on the supply dashboard. Setting notifications as above will mean that you are kept informed of any changes. If there is a problem with the delivery, then they will use the Lead Contact details. It is not possible for short notice changes (within 72 hours) to be made to the delivery schedules.
- As your local eligible population is vaccinated, you may agree with your region / ICB to switch off TDM dynamic replenishment before the end of the campaign to reduce vaccine stocks.

### For existing sites

- Site User must log on to the [Supply Dashboard](#) on FDP and complete the one-time Acknowledgement page that must be completed by **13 September 2024**, confirming site lead contact, address and fridge capacity are correct. Let your [SVOC](#) know urgently if you identify any discrepancies. Vaccine will not be released until this step is completed.
- Detained Estates Local Vaccination Services must also complete the action above.
- As your local eligible population is vaccinated, you may agree with your region / ICB to switch off TDM dynamic replenishment before the end of the campaign to reduce vaccine stocks.

### More info:

[COVID-19 Vaccine Supply Dashboard & Site Stock Manager on FDP](#); FDP Supply training materials on [FutureNHS](#).  
COVID vaccine supply information on [NHS Future](#) including [Targeted Deployment Supply Model](#).

# COVID-19 vaccine supply – Targeted Deployment Model

For the AW24 campaign we will continue to supply COVID-19 vaccine for adult eligible people through the Targeted Deployment Model (TDM) as we did in Spring 24. The TDM model works in two phases, a first allocation phase used prior to the commencement of the campaign and a replenishment phase used throughout the campaign. There is also an exceptions process. Sites should expect to have 14 days of vaccine coverage at the start of the programme. This will be adjusted over time to reflect any changes in demand.

First allocation phase	Dynamic replenishment phase	Exceptions process
<p>The first allocation phase is used prior to the commencement of the campaign and provides each site with an initial volume of adult vaccine to ensure they have a ready supply of vaccine to start the campaign.</p> <p>The volume a site receives will be a percentage of its expected projected uptake for the whole campaign and will be based on:</p> <ul style="list-style-type: none"> <li>• Eligible population within a defined geographical area.</li> <li>• Expected uptake based on historic patient level data.</li> <li>• The site's throughput as identified by the site designation and/or previous site performance.</li> </ul> <p>Detained Estates LVS sites will receive a first allocation of one box of vaccine. Hospital Hubs should work with their SVOC if they require a first allocation deliver, otherwise they can order via the exceptions process as and when they need vaccine. Sites onboarded after 2 September will receive a first allocation of three boxes of vaccine.</p>	<p>The dynamic replenishment phase commences from 30 September (for deliveries from 03 October) and will automatically replenish each site with vaccine to meet their upcoming demand once their stock levels reach a certain threshold.</p> <p>The replenishment model will run daily (Mon-Fri) and monitors each site to determine when it requires more stock based on when it will reach its minimum stock threshold, taking into consideration vaccination activity (VVEs), wastage, stock holding, forthcoming bookings via the National Booking Service or accuRx (including Batch: Self-service and accuBook).</p> <p>Once the minimum level has been reached and providing the site has secured future bookings, or its historical data from the previous week shows it is likely to carry out unplanned activity i.e. walk-ins and a stocktake has been completed in the last 7 days, then an automatic order will be raised and sent to the Specialist Logistics Provider for processing and delivery. Delivery will occur 3 days after the order has been raised. Automated orders will be visible to sites on the Supply Dashboard the day after the replenishment has been generated by the model.</p> <p>Children's &amp; young people's vaccines, Detained Estate sites and Hospital Hubs sites will not be included in the dynamic replenishment phase and must use the exceptions process.</p>	<p>An exceptions process is available from 30 September (for deliveries from 03 October) to order include vaccine orders for those aged under 18 years of age; for Detained Estates; and for Hospital Hub sites.</p> <p>The exceptions process is also available for sites with limited or no demand signal to request additional adult vaccine, i.e. where bookings are not visible to the model, to enable additional vaccine to be requested from their system if they believe their replenishment volume is going to be too low to cover all their planned activity.</p> <p>Sites can request an exception via the Supply Dashboard.</p> <p>For an exceptions request to be approved by an ICB and region, a site will need to meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Site remains opted-in to auto-replenishment.</li> <li>• Exception request submission date is no more than 7 working days before the vaccination activity is due to take place.</li> <li>• Site has completed a stocktake in the last 7 days.</li> <li>• Site vaccination event records are up to date.</li> <li>• Site has fully completed all vaccine transfers.</li> <li>• The volume requested is available within the weekly volume allocated to its region.</li> </ul>

# Vaccines and related consumables

## Flu Vaccines

The [National flu immunisation programme 2024 to 2025 letter](#) details the recommended flu vaccines to be used for children this season, with an [amendment in this statement](#) for the vaccines to be used in adults this season. This amendment resulted from a change in the availability of the recombinant quadrivalent influenza vaccine (QIVr). Providers who have ordered QIVr are responsible for securing alternative supplies of vaccine and will be reimbursed by NHSE in the usual way.

Commissioned NHS flu vaccination providers are reminded to always use first line vaccines as stated in the [2024/25 annual flu letter](#); “providers should only purchase the alternative second-line vaccines if all attempts to secure the recommended first-line vaccines have failed. Providers may be asked to provide evidence to show this upon request from their commissioner”. The amended list for vaccines marketed in the UK for the 2024 to 2025 flu vaccination season can be found at Influenza vaccines marketed in the UK - GOV.UK ([www.gov.uk](http://www.gov.uk)).

Sites will receive the delivery schedule for adult flu vaccines from their suppliers. Children's flu vaccine should be ordered via ImmForm. Most children over 2 years of age will be offered a nasal spray vaccine but under 2s and a small number of children who cannot have the nasal spray will be offered an injected vaccine instead (see [2024/25 annual flu letter](#)).

COVID-19 Vaccines	Vaccine	Cohort
<b>Standard COVID-19 Vaccines</b> Available to all sites	<a href="#">Spikevax (JN.1)</a>	For vaccination of eligible individuals aged 18 years and over, in line with the <a href="#">Green Book</a> .
	<a href="#">Comirnaty 30 (JN.1)</a>	For vaccination of eligible individuals aged 12 years and over, in line with the <a href="#">Green Book</a> . Detained Estate sites will only be supplied this vaccine.
<b>Other COVID-19 Vaccines</b> Available to sites based on contracts	<a href="#">Comirnaty 10 (JN.1) Ready to Use</a>	For vaccination of eligible individuals aged 5 to 11 years, in line with the <a href="#">Green Book</a> .
	<a href="#">Comirnaty 3 (THREE) (JN.1) Concentrate</a>	For vaccination of eligible individuals aged 6 months to 4 years, in line with the <a href="#">Green Book</a> .

Individuals with prior allergic reactions to COVID-19 vaccines or a history of anaphylaxis to other medicines and vaccines should be managed in line with the advice provided in Table 5 of the [Green Book, Chapter 14a](#). Those with an mRNA vaccine allergy should be referred to an expert allergist or other appropriate specialist, and where vaccination is indicated following individual clinical assessment, this should proceed in a hospital setting under clinical supervision. Your [SVOC](#) will be able to advise on local arrangements.

**To avoid the risk of incorrect COVID-19 vaccine selection, sites should dispose of any old variant vaccine they hold by the time they receive JN.1 vaccine. Waste records should be updated and stocktake balances for decommissioned vaccines set to zero on FDP Site Stock Manager.**

**Consumables:** Combined needles and syringes (CNS) and product patient information leaflets) will be automatically supplied with all vaccine deliveries in suitable quantities

- GBUK/Caina Prosafe 25G x 25mm, 1ml safety combined needle/syringe
- Reliance 25G x 38mm, 1ml safety combined needle/syringe
- Griffiths & Neilsen 21G x 38mm 1.5 inch, 3ml safety combined needle/syringe for dilution of Comirnaty 3 (THREE) (JN.1) Concentrate

**More Info:** [Which COVID-19 Vaccine? UKHSA Poster](#) (revised version published by 03 Oct)  
[Training: recommendations for COVID-19 vaccinators](#)

[Combined Safety Needle and Syringes - Reliance Medica](#)  
[Introducing the Safety Syringe with Fixed Needle](#)

See also Specialist Pharmacy Service guidance and Standard Operating Procedures (revised versions to be available w/c 09 September): [Safe practice for handling multiple COVID-19 vaccines](#), [Understanding the characteristics of COVID-19 Vaccines](#), [Managing COVID-19 vaccines](#)

# Point of Care (PoC) Systems

## Overview

COVID-19 and flu vaccination events must be recorded on the same day that the vaccine was administered and within 15 days to ensure payment. COVID-19 vaccinations must be recorded on one of the assured systems provided by the vaccination programme. PCN groupings must choose whether to co-administer flu vaccinations (and use the same system) throughout the season or to separately record flu vaccinations on GPIT systems as per the Season Influenza Enhanced Service.

The vaccination event data will feed back to general practitioner records as well as national reporting and payment systems. You can see how many vaccinations you have administered on your PoC system reporting function, or from the FDP vaccination events app when published, accessible via the landing page [here](#).

- If vaccinations are administered in a care home, the ODS code of that care home must be recorded on the PoC system. In some PoC systems this field will only appear after you select that the patient is in a care home. You can identify the care home ODS code from the [NHS Digital ODS Portal](#). It should be a 5 digit code starting with a letter.
- An "Off-site Outreach Event" location field must be completed for all vaccinations administered through Outreach Event, that take place at any site targeted at improving access and inequalities, and are not administered in care homes, residential settings or in patients' homes. Current guidance on use of the flag is [here](#).

### For new sites

The two IT users provided at site designation will receive an email with log-in details from the PoC provider requested\*. **Please look out for this email and follow instructions within 3 days to prevent expiry of password.**

For all sites designated prior to 6 September, lead users will receive log-in details before **16 September**. If you have not received your log-in details from the supplier by 16 September:

1. Check your junk mail.
2. If you are a community pharmacy, use your usual log-in details to access PharmOutcomes and check for the COVID-19 module.
3. Contact your PoC helpdesk and ask for the details to be re-sent (keep any ticket numbers as you will need it in the event of any escalation).

For most PoC systems these two IT users will be set up as site managers, so that they can add other users and reactivate locked accounts. They will initially just receive access to this management module, so if vaccination data entry access is required then they will each need to grant each other access by changing permission levels.

New HH/VC COVID-19 sites for AW24 including independent providers (such as GP Federations) must use RAVS.

### For existing sites

You must use the same ODS code, PoC system, and user account as used for previous campaigns unless directed otherwise.

Site managers should assess whether any users at their site require access before the campaign start date. User accounts of anyone that has not logged in for 120 days may have been deactivated and should be reactivated by a Site Manager. User must then log in within 7 days or they will be deactivated again. If there are no active site managers then please contact your PoC Service Desk to get reactivated.

If there have been any changes (site name or owner, site address or lead IT user) then you must contact your PoC Service Desk directly to update the details.

- If sites would like to change point of care provider, they can do this at any point throughout the year by submitting a point of care transfer request to their [SVOC](#).
- Hospitals administering RSV vaccines can also record COVID-19 and flu vaccinations on RAVS.

**More info:** [NHS Futures: Point of Care Systems for COVID-19 Vaccinations](#) (including helpdesk contact details)

# Federated Data Platform (FDP)

## FDP overview

FDP is the national data platform, replacing the system previously referred to as Foundry. It brings together information relating to sites, vaccination events and vaccine supply. Sites will primarily use FDP to manage COVID-19 vaccine deliveries and supply. Users must have both access to the FDP site and be approved to use FDP vaccination workspaces.

The new site went live in August 2024, and so all site users will need to request access. Access to the site is easiest using an nhs.net account since it reduces the number of times you will need to use multi-factor authentication. Access to vaccination workspaces is granted through requests as described below.

Once access has been granted then you can use this link [Vaccines Homepage \(federateddatapatform.nhs.uk\)](https://federateddatapatform.nhs.uk) to access products and review approvals.

There are helpful guides/support documents that can be found on most pages that you log onto in FDP. To access these, look for a ? Icon. Alternatively, please see [Federated Data Platform Training Materials](#) (see [this slide](#) if you need access to the NHS Future platform).

If you have any difficulties accessing the Federated Data Platform, please contact [ssd.nationalservicedesk@nhs.net](mailto:ssd.nationalservicedesk@nhs.net) or log a ticket using the [Customer Portal](#).

### For new sites

IT users with an nhs.net account (using the e-mail submitted at designation) should log onto FDP and request access to vaccination workspaces at least 3 days after designation at [Request Vaccines access \(federateddatapatform.nhs.uk\)](https://federateddatapatform.nhs.uk) and completing the form as follows:

- Role / persona: Site Ops & Supply Chain: Vaccination Site user roles.
- Data scope: Your vaccination site ODS code.
- Justification: Tell us that you are a site user for seasonal vaccinations. (Note requesting national, regional or system access will not be granted and will delay approval).
- Don't forget to press the Request Access button.

If you do not have a nhs.net email address, you will need to set up an OKTA account first. It can be requested at <https://apps.model.nhs.uk/register>. You will also need multi-factor authentication (such as google authenticator) on a second device. A process for registering for and accessing FDP without a mobile phone will be shared with DE LVS sites.

### For existing sites

Instructions were sent to existing users on how to access FDP. Request additional access to FDP vaccination workspaces at [Request Vaccines access \(federateddatapatform.nhs.uk\)](https://federateddatapatform.nhs.uk) by completion of the form as described under the new sites section.

If a user no longer needs access to FDP, please contact [vaccination.operationaldata@england.nhs.uk](mailto:vaccination.operationaldata@england.nhs.uk) who will arrange to remove access.

To set up notifications to inform you of any changes to vaccine orders / site status please see the [Turning on Supply Notification Guide](#) on FutureNHS.

Detained Estates users are unable to access FDP using mobile phones as these are prohibited. A process for registering for and accessing FDP without a mobile phone will be shared with DE LVS sites.

### More info:

Helpful links: [Accessing the NHS Federated Data Platform \(FDP\) - Overview](#) | [Rise 360 \(articulate.com\)](#) and [Federated Data Platform Training Materials - Overview](#) | [Rise 360 \(articulate.com\)](#)

# Payments

## Payment Overview

Payment mechanisms are different for Vaccination Centres/Hospital Hubs/Detained Estates/Independent Providers and Community Pharmacies/PCN Groupings and sometimes for flu and COVID-19 vaccination. Detailed guidance is in the relevant contractual information outlined on [this slide](#). The detail below is to mitigate some of the common challenges or queries that we receive.

PCN Groupings and Community Pharmacies must claim for COVID-19 vaccinations through the MYS payment portal operated by NHS BSA. Community pharmacies or PCN groupings who are offering co-administered flu vaccines recorded on the same IT system as COVID-19 vaccination must also claim for flu vaccinations through MYS. The number of vaccinations recorded on the Point of Care system will flow to MYS ready to be claimed before the 5<sup>th</sup> of the month.

Vaccination Centres, Hospital Hubs, Independent Providers, Detained Estate payments are calculated and paid by regional finance. Outreach Service payments including for CPs or PCN groupings (on top of the IoS fee); are also calculated and paid by regional finance leads. Payments are calculated using data that flows from the Point of Care system to FDP.

### New pharmacy / PCN grouping sites

MYS payment activity should be recorded against the pharmacy ODS (F-code) code or Lead Practice Prescribing Cost Centre for PCN sites.

**PCN Groupings:** PCN grouping IT users, requested at point of designation, will be assigned MYS accounts and will have access to processed payment activity at [MYS - GP Portal \(nhsbsa.nhs.uk\)](#).

The two IT users provided at site designation will receive an email with log-in details from NHSBSA. **Please access the system within three days to prevent expiry of password.**

**Community Pharmacy:** Teams already have access to MYS at <https://manage-your-service-pharmacy.nhsbsa.nhs.uk/nhs-prescription-services-submissions/login> and the COVID-19 vaccination service will appear on your dashboard in the Declaration window.

### Existing pharmacy / PCN grouping sites

MYS users for **Community Pharmacies:** User access should be managed by those with management level access in the same way as usual pharmacy claims.

MYS users for **PCN groupings:** User access should be managed using the FDP change request function. MYS user changes are processed on the first day of each month, and so must be submitted by the latest the 28<sup>th</sup> of the preceding month to take effect.

MYS issues should be directed to [mys@nhsnsa.nhs.uk](mailto:mys@nhsnsa.nhs.uk) including a screen shot of any error message including the URL address at the top of your screen.

### More info:

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/manage-your-service-mys>  
[NHS Futures: Finance, Legal, and Indemnity Guidance](#) (will be updated prior to campaign launch)

Queries relating to non-MYS payment claims should be directed to your regional finance and payments leads via your [SVOC](#).

Queries relating to MYS payments should be directed to [mys@nhsnsa.nhs.uk](mailto:mys@nhsnsa.nhs.uk) including a screen shot of any error message including the URL address at the top of your screen.



# Inviting eligible people for vaccinations

## Local invitations by PCN groupings

GP practices can download eligible patient lists through the [Vaccinations Data Dashboard](#). This will be updated before the start of the campaign to reflect JCVI eligibility. Access is via NHS smartcard and further information is available, together with the relevant user guides, at the above link.

Participating PCN-grouping providers should ensure that they call, text or write to eligible patients as appropriate to support vaccination uptake and minimise wastage, to complement the national call/recall service. They should also keep clear records of how and when they have contacted people. This need not include care home residents.

## Promoting uptake locally

Other vaccination sites should identify people eligible for seasonal vaccinations who have contact with your service for other reasons and encourage them to be vaccinated.

Site teams may also wish to engage with your local population using signage, your own website, or social media, or through local support groups etc. For communication resources speak with your ICB/System team. We encourage Detained Estates, LVS and NHS regional Health and Justice commissioning teams to link with ICB/System colleagues so the uptake of the vaccine by detained people can be promoted as part of the local campaigns.

Some people are more likely to come forward for vaccination if they can do so without an appointment. There is more about walk-in clinics and temporary sites on [this slide](#).

## Site actions in relation to National Call & Recall

The national call/recall service will invite and remind eligible people to get their vaccination. Invitations or reminders will not be sent to those with a future booking on NBS or a vaccination recorded on an assured point of care system. They will also not be sent to those in care homes or detained estates.

Call/recall communications will direct eligible people to book appointments through the online National Booking System (NBS), or by calling 119, or to find walk-in services through the [NHS Walk-in Finder](#).

There are limitations to national invitations and so action from local providers is important:

- Identification for invitations derives from clinical coding. Depending on accuracy of records, some individuals identified may no longer be eligible for an influenza vaccination and may need Health Care Professionals (HCP) and Clinicians input to consider if individuals are in an eligible cohort. This must be considered sensitively with a clinical assessment of the risks and benefits of decision to vaccinate the patient or not. This discussion must be recorded in the vaccination record. 119 call handlers are not clinicians and cannot help with discussing eligibility - they would also advise callers to talk to a HCP.
- National call/recall cannot identify and invite some groups of individuals, including those on the Learning Disability Register; household contacts of people with immunosuppression; carers; people living in long-stay residential care homes, Detained Estates or other long-stay care facilities; pregnant women; or health and social care workers. These individuals should be identified and invited by sites for the appropriate vaccinations – note, eligibility for flu or COVID-19 vaccinations varies for these groups.
- Some eligible people will not act when they receive a national template letter but will respond to an invitation from a trusted local clinician.

This webpage provides information if an individual has an [enquiry about a vaccination invitation](#).

Eligible people who do not want to receive vaccination invites through NBS can opt out at [www.nhs.uk](http://www.nhs.uk).

# National Booking Service (NBS)

## National Booking Service Overview

NBS allows the public to book COVID-19 and flu vaccination appointments either directly or via 119, across NHS boundaries in the most convenient location and time for them and considering accessibility requirements. Eligible people will be directed to the system via national invitation and reminders; for that reason, we encourage all sites to use NBS.

Eligible people will book using their NHS number. NBS will check age-related eligibility or ask the individual to self-declare that they are or think they may be eligible and NBS is unable to confirm that eligibility. NBS will then display the nearest sites / appointments to be selected by the individual. The individual will be sent confirmation and a reminder 72 hours before the booking, they will be able to change or cancel (up to an hour before their appointment). Bookings cannot be made on the same day.

If a flu or COVID-19 vaccine event is reported prior to an appointment date it will be automatically cancelled and the individual notified. In the event of a co-administration request the appointment will only be cancelled if both vaccines have already been administered, if only one is recorded then the co-administration appointment will remain. This feature should help site capacity by ensuring that appointments no longer needed are removed to free up site availability.

If the individual has self-declared then a clinician at the site should consider if individuals are in an eligible cohort. This must be considered sensitively with a clinical assessment of the risks and benefits of decision to vaccinate the patient or not. This discussion must be recorded in the vaccination record.

Q-Flow is the management system that interacts with NBS, and where sites create and manage appointment availability. Q-Flow will be opened for sites to upload calendars by **16 September 2024** and then for the public to make bookings on **23 September 2024** for dates from 3 October 2024 onwards. From 16 September, sites should start using Q-Flow to add staff users, check site details and set site attributes, such as age of cohorts contracted to vaccinate, and accessibility criteria. Guidance on managing a vaccination site in Q-Flow can be found [here](#). We typically see high demand when NBS is opened to the public; keep checking on and after this date to ensure you have good availability.

### For new sites

The IT users provided at site designation will receive an email with login details for Q-Flow as Site Managers before 16 September 2024.

The Q-Flow site manager must [complete the Q-Flow site attributes](#), which include accessibility criteria, latitude and longitude and age cohorts that you are assured to vaccinate. Calendars must be set and then published 'online' on NBS once your contract is in place.

Training webinars will be held throughout September to provide additional support for new users, please find link: [Q-Flow Training Webinar for New Site Managers](#).

From **16 September** sites should load calendars for clinics with dates from 3 October. The public will be able to book those appointments from 23 September 2024.

### For existing sites

Q-flow site attributes should be reviewed to ensure that they are current and provide choice for those with accessibility requirements.

User accounts are **locked** if they are unused for 120 consecutive days or more. Site managers should **check user access** at least **a week** before starting vaccinations and [create or manage additional user accounts](#) in Q-Flow if required.

Contact your RVOC if:

- You are a PCN grouping who would like NBS access.
- You are a Q-Flow Site Manager whose user account needs unlocking.

From **16 September** sites should load calendars for clinics with dates from 3 October. The public will be able to book those appointments from 23 September 2024.

### More info:

NBS/Q-Flow information, including frequently asked questions and advice can be found [at NHS Futures](#).

Eligible people can find their NHS number at [Find your NHS number - NHS \(www.nhs.uk\)](#)

# Local Booking Services (LBS)

## LBS Overview

Local bookings can enable individuals to directly book online and support Primary Care Networks (PCNs) to manage appointment bookings in the most efficient way. As booking services are localised and commissioned separately, practice prescribing codes need to be used.

Although there are several suppliers that can be used for booking services, the majority of PCNs use accuRx to invite and book patients in for COVID-19 vaccinations, as these appointments via accuRx will link to TDM for dynamic replenishment of vaccine. The practice codes need to be reflected in FDP and the appointments should be set up correctly as COVID-19 vaccinations for the link to work.

- Batch Self-Book can be used for invitations to patients registered in that practice. Practices upload a file of their eligible patients who will receive an SMS with a link to select their own appointment time. It is integrated with the EPR and uses existing slots within the appointment book. Practices can configure SNOMED and decline codes with the invite.
- PCNs grouping vaccination sites can use accuBook instead, which allows a Lead Practice to set up COVID-19 vaccination calendars to share availability for just this appointment type across a PCN-grouping or ICS.

Other local booking systems (LBS) can be used, but they will need to be sourced and funded by the provider and will not link to TDM for dynamic replenishment of vaccine. Sites should utilise the exceptions process to order vaccine.

### For new sites (accuRx)

- [Batch Self-Book](#) is available immediately and uses the existing appointment book in the EPR. Practices should ensure their vaccination slots have available appointments and can start sending invites immediately.
- For multi-practice vaccination clinics, organisations can be set up as either a [lead organisation](#), or a [participating practice](#) in accuBook.

### For existing sites (accuRx)

Batch Self-Book can be used immediately with your existing appointment book.

For multi-practice clinics, an Autumn Booster 24 tab is now available in AccuBook. Sites will need to [publish a new clinic](#) and can start sending invites.

Confirm that the correct practice codes are linked to your PCN grouping in FDP (see [this slide](#)) to ensure that bookings are reflected in TDM.

### More info:

For more information on Self-Book, [click here](#).  
 For more on AccuBook, [click here](#).  
 To contact accuRx <https://www accurx.com/contact-us>

# Walk-in clinics and temporary sites

## Walk-in Clinics Overview

Some eligible individuals are more likely to receive a vaccination if they are given the opportunity to drop into a vaccination clinic. Therefore, it is important that sites offer both bookings and walk-in availability. In some locations most vaccinations may be administered without a booking. Where vaccine is available at the site, eligible individuals should be vaccinated and not turned away. Individuals can use this service if they live in England; they do not need to be registered with a GP, they just need to be in an eligible cohort. The availability of vaccinations without an appointment should be advertised to the public through local communications; provider webpages, automated telephone response, ICB and regional communications.

Walk-in clinics should also be advertised on the walk-in finder at [COVID-19 vaccination services](#). There is a service finder for eligible people to use their location to identify a potential pharmacy site and clinic times on the day. There is also a link to each ICB site for more detailed information about time and dates of available clinics from other sites or locations.

The telephone booking line for COVID-19 and flu vaccinations (119) will advise eligible people in accordance with the information on the NBS booking page. If there is not a convenient booking available (or if the caller would prefer to attend without an appointment), 119 call handlers will review and provide information from the walk-in-finder local to the citizen calling.

### Actions for pharmacy sites

Community pharmacy sites should confirm that they are providing walk-in services on the [NHS Pharmacy Finder](#) using Profile Manager (or as agreed with your head office). For help email [nhswebsite.servicedesk@nhs.net](mailto:nhswebsite.servicedesk@nhs.net).

New for AW24 is the ability to define times and cohorts that a walk-in clinic is open for during the day. To prevent increased telephone calls, and/or complaints that information is incorrect, you should also consider regularly updating a message on your telephone system to provide correct information to the public about upcoming walk-in-clinics.

### Actions for all sites:

Inform your SVOC of the dates and times of your walk-in clinics so that they can be advertised in the ICB vaccination pages.

SVOC contact details can be found [here](#).

## Temporary Sites

Temporary sites, for example providing vaccinations at a location away from your designated site, are intended to make vaccination accessible and convenient to underserved populations or to meet specific local needs.

You must notify your regional team / ICB in advance if you intend to run a temporary site. These sites will not receive vaccine deliveries and vaccines cannot be stored on the premises overnight, (unless the premises is GPhC or CQC registered). Instead, vaccines must be transported from the main site using cool boxes, aligned to [SPS guidance on transporting vaccinations](#). You should use your usual point of care system to record vaccinations.

These sites can be added to NBS if operating at the same address for several weeks, requests should be made to your regional team with at least 2 weeks' notice required for set-up.

# Accessibility and Patient Information

## Patient materials

Everyone who is eligible for vaccination must feel welcomed and able to access appropriate information for informed consent in accordance with the [Accessible Information Standard](#) and to support high uptake and reduce health inequalities. Sites must ensure that reasonable adjustments are considered, and that communication support required to facilitate the uptake of vaccinations is put in place to support those with different needs. You will be able to access resources [here for flu](#) and [here for COVID-19](#) once published and in the DHSC [Campaign Resource Centre](#). Invitation materials are available at [NHS England » Seasonal vaccination invitation](#).

Most leaflets can be printed or shared digitally at the point of requirement through download of PDF versions which can be printed on an office printer and copied on a photocopier or download professional printer-ready versions. BSL support for people with hearing impairments is available at appointments via either an onsite BSL interpreter or using the [SignVideo app](#) and selecting the NHS 119 button in the apps Sign Directory.

## Reducing inequalities

Sites may offer Making Every Contact Count (MECC) interventions alongside vaccination throughout the campaign.

Sites should maintain a proactive approach to identify and encourage people in populations of known lower uptake to come forward, and to understand and address any local hesitancy factors. As part of this, systems and sites are asked to identify their underserved communities and inclusions groups, and to plan and deliver interventions to meet their needs. This includes Detained Estates supported by DE regional commissioners.

Plans may include:

- Working with partners e.g. Local Authority teams and VCSEs to support engagement of underserved communities.
- Involving staff networks, faith and community leaders, and local clinical leaders to disseminate messaging.
- Responding to local and national intelligence about perceived enablers of, or barriers to, local vaccination among under-served groups.

Further information can be found [here](#).

## Actions for all sites

- Ensure that up to date resources to support people with different communication needs are in a place that all members of the team can quickly access them.
- If you use the National Booking Service, ensure that your accessibility attributes are up to date so that people who need these adjustments can book at your site.
- A supply of Braille leaflets should be maintained at the site as a minimum, as it is the only leaflet which cannot be shared digitally. These can be ordered by visiting the [Publications Portal](#) or by telephone (0300 123 1002, Monday to Friday 8am-6pm). The Publications Portal also has digital clips of BSL information that can be used by sites. Registering on that site as an organisation, not an individual, will enable you to order more leaflets.
- Where there are gaps of provision in localities to meet population need, regional leads may reach out to specific areas to commission additional sites that may be needed to fill any remaining gaps to prevent the need for members of the public travelling too far to get vaccinated. This offer is usually open for 7 days. This process may recur periodically throughout campaign for sites who were not successful. If you have agreed with your local system to undertake an Outreach event, then you must record this as such on the point of care system (see [this slide](#) on point of care).
- Providers should arrange to vaccinate eligible housebound individuals, or actively signpost to nearby providers if they are not administering any of the AW24 vaccinations. 119 cannot directly book appointments for housebound callers and will signpost to their own GP Practice. Your SVOC should be able to advise about any local arrangements in place.

# Workforce and Training

To support workforce resourcing and deployment most systems have a workforce management system that supports the workforce outcomes outlined below. Enabling a flexible workforce optimises workforce availability to meet vaccination demand and supports transformation to future integrated ways of working.

1. Sufficient workforce to meet demand without impacting other services, representative of local communities and making optimal use of unregistered staff.
2. Resilient workforce to support potential surge and outbreak requirements, including alignment with NHS Reserves.
3. Flexible workforce that can work across the system, with sharing of workforce between providers.
4. Trained and competent workforce with rewarding career paths that enables retention and support to other prevention activity.

Workforce can be accessed via the following routes.

#### Locally sourced NHS staff:

- Registered staff
- Unregistered clinical staff
- Healthcare assistants
- Administrators



#### Medical staff agencies:

- Registered staff
- Healthcare assistants
- Administrators

Medical Staff Agencies

#### Nationally contracted volunteer services:

- Stewards & Marshalls
- Patient transport



#### Local volunteer partnerships:

- Stewards & Marshalls
- Welfare assistance

Local Volunteer Partnerships

Workforce and training guidance will be available from 19 September at [FutureNHS](#), including in the following [linked toolkits](#).

1. Creating the workforce (resourcing and training): Covers legal mechanisms, supplementary workforce, workforce planning, shared experience, management structures, BI infrastructure, finance.
2. Deploying the workforce (planning and deployment): Covers vaccination settings, staff sharing, supplementary workforce (unregistered and volunteers), surge capacity, MECC, system responsibilities, finance.
3. Sustaining the workforce (retention and resilience): Covers retention, resilience, well-being, shared experience, multi-skilled workforce, professional development, finance.
4. Workforce Management Model: Covers purpose, structure, responsibilities, relationships.

Guidance on requesting volunteer stewards to assist on site can be found [here](#).

# Seasonal Campaign End

## Overview

Once the campaigns ends, there are a few actions that should be taken to reduce wastage, protect data and/or ensure that there is a clear start for future campaigns.

In advance of planned pausing/hibernation, viable COVID-19 vaccine stock should either be used by the site or where stock remains at the end of the campaign, the site should follow local standard procedures for disposal. Expired stock should be disposed of in line with local procedure and stock-take records should be updated on FDP Site Stock Manager. Where the Combined Needles and Syringe (CNS) product is no longer in use with active vaccines, offer them to other NHS or local settings providing NHS commissioned services within your ICB or region **OR** remove them from stock in line with local sharps exiting procedures.

Vaccine movement must be performed in accordance with the policy for the [Transfer of COVID-19 vaccines between NHS Vaccination Sites](#). Vaccine transfer transactions that are 'open' or 'in progress' should be completed to a closed status in FDP before the site becomes inactive.

Scenario	Actions for sites to take	Actions for region / system to take
Site delivering the year-round COVID-19 vaccination pathway.	Continue to complete weekly stock-takes and no further action needed.	Maintain this site as active on FDP.
<b>Site paused:</b> e.g. Site has finished COVID-19 vaccination in this campaign however is intending to participate in future campaigns.	<b>At end of campaign:</b> <ul style="list-style-type: none"> <li>• Inform SVOC of date that final vaccinations are expected / wastage of any remaining stock.</li> <li>• Complete a final (zero-balance) stocktake.</li> <li>• Review access to POC/Q-Flow and remove all but essential access.</li> </ul> <b>To make active again:</b> <ul style="list-style-type: none"> <li>• Request FDP and NBS reactivation from SVOC and advise of any changes (for example to site location or practices in PCN grouping).</li> <li>• Request POC / NBS password re-sets (if unused for 120 days).</li> </ul>	<b>At end of campaign</b> (at regional discretion): <ul style="list-style-type: none"> <li>• System/Region submit FDP change request to amend site status to Inactive: Hibernating.</li> <li>• Regional NBS Manager change Q-Flow status to inactive.</li> </ul> <b>To make active again:</b> <ul style="list-style-type: none"> <li>• Region request status change to active and select appropriate campaign flag.</li> <li>• Site request POC/NBS re-set (if unused for 60 days).</li> <li>• Region reset Q-Flow to active.</li> </ul>
<b>Site closed:</b> e.g. Site has finished COVID-19 vaccination and is not expecting to return for future campaigns.	<b>At end of campaign:</b> <ul style="list-style-type: none"> <li>• Inform SVOC of date that final vaccinations are expected /-wastage of any remaining stock.</li> <li>• Complete a final (zero-balance) stocktake.</li> <li>• System stakeholders will close systems and so access for all connected users will be revoked.</li> </ul> <b>To make active again:</b> <ul style="list-style-type: none"> <li>• Site cannot be reactivated – a new site designation is needed – submit details to SVOC.</li> </ul>	<b>At end of campaign:</b> <ul style="list-style-type: none"> <li>• System /Region submit FDP change request to amend site status to Inactive: closed.</li> <li>• All accounts will be closed and unavailable to the site.</li> </ul> <b>To make active again:</b> <ul style="list-style-type: none"> <li>• Region request designation of the site.</li> <li>• National team process site reactivation and request systems set up (min 2 weeks). New accounts may have different codes/usernames etc.</li> </ul>

# Useful Information & Helpdesks

## Helpful Information

- Access to FutureNHS [Vaccinations and Screening workspace](#) is open to everyone with an nhs.net e-mail account. You will need a FutureNHS account.
  - If you don't have a FutureNHS account, then go to <https://future.nhs.uk/> and follow the instructions under 'Need an Account?'.
    - If you don't have an nhs.net e-mail account then when you have an NHS Future account, send a request to join the Vaccinations and Screening workspace to your regional team as described [here](#).
    - A help guide for FutureNHS Members can be accessed at [FutureNHS Members Helpdesk](#).
- Each System Vaccine Operations Centre (SVOC) team has responsibility for management of the COVID-19 Vaccination Service in their area. The SVOC team will be able to either respond to your queries or advise you on the appropriate contact for help in your local area. SVOC contact details can be found [here](#). If the answer you seek cannot be found in this guide or the linked documentation, then they should be your first port of call.
- There is a national escalation process; sites will need to escalate to their relevant SVOC who will review and escalate to regional/national colleagues if unable to resolve the query.