



Covid-19 vaccination – briefing for Care Provider Alliance members

2 December 2020

Introduction

Promising news on the effectiveness of the Pfizer/BioNTech, Moderna and Oxford/Astrazeneca Covid-19 vaccines have today been followed by the first regulatory approval of a vaccine in the UK. Most service users and staff in the adult social care sector are in the higher priority groups for vaccination and this briefing is intended to support the sector in preparing for vaccination rollout. Further information on all the vaccines is available from Public Health England here [COVID-19: the green book, chapter 14a - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a).

1 Covid-19 vaccine rollout – what do we know?

The UK government has today authorised the Pfizer/BioNTech Covid-19 vaccine for use on the recommendation of the Medicines and Healthcare products Regulatory Agency (MHRA).

The UK has ordered 40 million doses of the Pfizer/BioNTech vaccine, with 10 million expected to be available by the end of 2020, and the initial batch of these numbering 800,000. The first doses are expected to be available in the week commencing 7 December. Each recipient will require two doses, with a 21-28 day gap between doses.

The Joint Committee on Vaccination and Immunisation (JCVI) has produced its advice on priority groups: [Priority groups for coronavirus \(COVID-19\) vaccination: advice from the JCVI, 2 December 2020 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534243/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020.pdf).

However, the situation is complicated by the conditions required by the Pfizer/BioNTech vaccine, which only lasts for five days in a refrigerator at 2-8C. The JCVI has indicated that there will be some flexibility with the priority list. Fifty NHS hospitals in England have super-cold freezers to store the vaccine (the full list of hospitals is in this media report [Coronavirus vaccine from Pfizer and BioNTech approved by regulators in the UK for roll out in days | Daily Mail Online](https://www.dailymail.co.uk/health/article-6881161/Coronavirus-vaccine-from-Pfizer-and-BioNTech-approved-by-regulators-in-the-UK-for-roll-out-in-days-Daily-Mail-Online.html)) and there is a suggestion that healthcare staff may be offered the vaccine first for this reason.

The JCVI priority list is as follows:

1. Residents in a care home for older adults and their carers
2. All those 80 years of age and over and Frontline health and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over and Clinically extremely vulnerable individuals (please see the full JCVI advice for further details)
5. All those 65 years of age and over
6. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality
7. All those 60 years of age and over
8. All those 55 years of age and over
9. All those 50 years of age and over

The advice on vaccination does not include pregnant women and those under the age of 16 years (please refer to the JCVI advice in full for more information on these groups).

It is therefore unclear at present whether care home residents and staff will be vaccinated with the Pfizer vaccine, or whether they will wait for the Oxford/Astrazeneca or Moderna vaccines to be available. The CPA will continue to try to clarify this with government and obtain first priority for care home residents and staff.

The British Medical Association (BMA) GP Committee England and NHS England/NHS Improvement have agreed an enhanced service for delivery of the vaccine. Care home residents and staff will be vaccinated at the care home, and housebound patients will be vaccinated by home visit: [COVID-19 vaccination programme \(bma.org.uk\)](https://www.bma.org.uk/covid-19-vaccination-programme)

Other groups will be vaccinated by GP led services (probably by groups of GP practices nominating one or more designated vaccination site), as well as, potentially, regional vaccination centres and possibly local pharmacies. Patients will need to receive both vaccine doses from the same provider.

Clearly this situation is fast-moving: CPA will update members regarding future developments and providers should continue to check for announcements and updated guidance at [gov.uk/coronavirus](https://www.gov.uk/coronavirus).

2 What can the adult social care sector do to be ready for vaccination?

Adult social care providers have access to different levels of information and different responsibilities according to the type of service and the characteristics of service users. However, there are steps that all providers can take to assist the seamless rollout of the vaccines and to improve take-up amongst service users and staff.

- a. Identify service users and staff in priority groups, according to the JCVI guidance above (see guidance in full for further details). Where providers do not already have access to a service user or staff member's medical information, they should be encouraged to self-identify (for example as being extremely clinically vulnerable on the basis of the JCVI criteria).
- b. Share information on vaccines with service users (and where appropriate, their families) and staff: some may be vaccine hesitant – for example, they may have

concerns about the rapidity of the vaccines' development and approval, or have doubts about their efficacy. The Green Book extract linked above contains information about all the vaccines. Further information about the approval process for the Pfizer/BioNTech vaccine is available here [UK medicines regulator gives approval for first UK COVID-19 vaccine - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/uk-medicines-regulator-gives-approval-for-first-uk-covid-19-vaccine). Consider methods of information sharing that allow service users and staff to raise any questions or concerns.

- c. Obtain informed consent to vaccination. It will be useful for planning purposes to obtain consent in principle in advance to vaccination, while recognising that the person may revisit their decision. It is particularly important where a person lacks, or may lack, mental capacity to consent to the vaccination that the appropriate procedures under the Mental Capacity Act 2005 are followed. These processes may take time and consideration should be given to this as soon as possible.
- d. Ensure appropriate data is held on service users and staff: this should include the person's NHS number; their GP surgery details; which priority group they belong to; whether they are housebound; and their consent status. Ensure that appropriate consent is obtained to share data with the NHS services.
- e. Monitor availability of vaccine and notify service users and staff once vaccine becomes available and signpost to appropriate location (except where vaccine is available in care home or person's own home).
- f. Record date of first and second doses of vaccinations for service users and staff. For the Pfizer/BioNTech vaccine, recipients become immune seven days after the second dose, although there is partial protection 12 days after the first dose.
- g. Monitor service users for side effects of vaccination and take appropriate action if any are noted and treatment may be required; ensure staff are appropriately trained to identify these
- h. Consider and develop policies on vaccination for visitors, staff and new service users