

To:

Potential community pharmacy Local Vaccination Services (LVS) sites beginning operations from March 2021

Cc:

Regional Heads of Primary Care and Public Health
Regional Vaccination Operation Centres (RVOCs)

This is the second version of this letter and mobilisation guide, and was reissued on 10 March 2021. Changes are highlighted in yellow.

5 March 2021

Dear Colleague

Mobilisation guide for community pharmacy COVID-19 Local Vaccination Services beginning operations in March 2021 (Waves 13 and 14)

Thank you for submitting an expression of interest to become a community pharmacy Local Vaccination Services (LVS) site delivering either 1,000+ or 400+ vaccinations per week (as specified in your expression of interest). NHS regions have now considered the expressions of interest received from across the country and your pharmacy has been identified as having the potential to become an LVS site in either Wave 13 or Wave 14 and begin operations later this month.

Your site will now be subject to a readiness assessment, which you will need to work with your regional team on, and who will complete this online via the LVS Site 360 workspace (hosted by the NHS Foundry Platform). The readiness assessment questions can be found at Annex A. Regional teams may also carry out clinical assurance site visits.

You have already been asked to identify two individuals who are to be provided with access to LVS Site 360 / NHS Foundry ([see Annex B, section 16](#)). We are working hard to onboard community pharmacy sites to NHS Foundry as soon as possible – if you receive your log-in details in time, you may be able to support regions with the readiness process by reviewing the questions to ensure their answers are up to date. However please note that community pharmacy access to NHS Foundry is not a requirement for go-live and readiness forms will be completed for the most part by the regional team.

The readiness process will conclude with a meeting between national and regional teams on Wednesday 10 March (Wave 13) and again on Wednesday 17 March (Wave 14), at which point a decision will be made as to whether your site is ready to proceed. **We will send you confirmation of the outcome the day after the meeting at which your site is being considered, so either on Thursday 11 March (Wave 13) or Thursday 18 March (Wave 14).**

IF your site is approved, you will need to undertake a number of activities to prepare for your site to go-live.

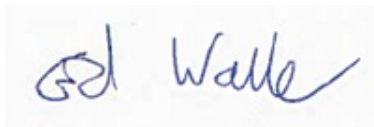
- For Wave 13, go-live will be from either Friday 19 March OR Saturday 20 March, following a delivery of your initial vaccine supply the previous day (to be confirmed), and a number of other deliveries from 11 March onwards.
- For Wave 14, go-live will be from either Friday 26 March OR Saturday 27 March, following a delivery of your initial vaccine supply the previous day (to be confirmed), and a number of other deliveries from 18 March onwards.

Please read the mobilisation guide at Annex B in full so that you are as well informed as possible in the event of your site being approved.

NHS England's guidance and related letters for the COVID-19 vaccination programme can be found [on our website](#), and other helpful resources (including many referred to in the mobilisation guide) are available on the [FutureNHS workspace](#). **New users can register to join the platform by e-mailing using an NHS or similar professional email address to: P_C_N-manager@future.nhs.uk.** You should also [sign up](#) to our [Primary Care Bulletin](#) for regular updates covering the whole of primary care.

Thank you again for all your efforts so far and potentially to come in mobilising your site to participate in the COVID-19 vaccination programme in primary care.

Yours faithfully

A handwritten signature in blue ink that reads "Ed Waller". The signature is written in a cursive style.

Ed Waller
Director of Primary Care

ANNEX A: Site readiness questions

Key Site Information	
<p>Has the site confirmed that the key site information held on the online portal 'key site information' tab is correct (including full and accurate postal address, post code and lead person contact details)?</p> <p>These contact details will be used for vaccine deliveries. Please ensure the lead contact provided is contactable between the hours 8am-8pm, 7 days a week.</p>	
Estates	
<p>Does the site have appropriate infrastructure to commence vaccinations?</p> <p>This should include sufficient space for vaccination, appropriate flow that does not impact on other pharmaceutical services and as appropriate, facilities for staff rest and recuperation. Access to hand washing facilities and ablutions are considered essential.</p>	
<p>Is there sufficient space to allow appropriate social distancing measures throughout the patient flow journey and any observation period post-vaccination?</p>	
<p>Is there sufficient site security and as required, car parking?</p>	
<p>Has the site got working internet access, either existing broadband in NHS sites, a new broadband connection in new sites including associated pharmacy premises, or 4G capability?</p>	
<p>For non-NHS premises including associated pharmacy premises - are the facilities managed at the site for the duration of occupation?</p>	
<p>For non-NHS premises including associated pharmacy premises that the pharmacy does not currently own or occupy – does the Pharmacy have an agreement to use these premises?</p> <p>*new non-NHS site refers to any premises where vaccines will be delivered, including associated pharmacy premises, which is not the main registered pharmacy itself. These sites will likely require additional equipment and consumables initially.</p>	
Supplies	
<p>Has the site ensured they have all equipment, consumables and PPE required for start-up, either supplied automatically as set out in the national supply list, or secured locally?</p>	Yes/No
<p>If no, when is the delivery scheduled?</p>	

Has the site received patient-facing information e.g., PHE produced post-vaccination patient info leaflets etc.?	Yes/No
Has the site got sufficient vaccine storage for indicated maximum number of vaccines that could be delivered each week, with a pharmaceutical fridge which has been installed and is working?	Yes/No
By pharmaceutical, we mean a fridge designed to store vaccines and that which has been temperature mapped (if new, the fridge must have been allowed to settle for at least the minimum period as specified by the manufacturer and is working at 2° to 8° C).	
Has the site got sufficient technology equipment, including laptops and/or desktop computers, and barcode scanners?	Yes/No
Does the site have sufficient anaphylaxis kits?	Yes/No
Does the site hold sufficient resuscitation equipment including a defibrillator and access to oxygen/masks?	Yes/No
Do you have a clinician available at every session who is able to provide resuscitation support if needed (Basic Life Support)?	Yes/No
Have all vaccine facing clinicians completed the Anaphylaxis Training?	Yes/No
Are appropriate arrangements in place for the disposal of domestic and clinical waste?	Yes/No

Notes on supplies readiness

Please also note the following question in the readiness assessment, following the MHRA guidance on vaccine use in people with history of allergy “Does the site hold sufficient resuscitation equipment including a defibrillator and oxygen?” You should ensure locally that oxygen is available on site.

Clinical	
Is there an appropriate clinical leader, who is likely to be a GPhC registered Pharmacist identified to be available on site for each session/clinic?	Yes/No
Is there is a named person on site to take receipt of the vaccine (must be a registered Health Care Professional)?	Yes/No
Do all staff involved in vaccination understand the importance of consent and the consent process?	Yes/No
Are clinical governance processes in place?	Yes/No

Clinical governance for example includes a risk assessment for the service, standard operating procedure on safe handling of the vaccine, controls in place with clearly defined accountability	
Workforce	
Are there safe staffing arrangements in place i.e., sufficient numbers of clinical and non-clinical workforce secured to administer the agreed minimum number of vaccines?	Yes/No
Is there an identified operational lead for the site?	Yes/No
Is there evidence that all staff have completed COVID-19 specific training appropriate to their job role and any training for IT hardware/software they will be using?	Yes/No

Notes on workforce and clinical readiness

Please note that the MHRA has issued [further guidance](#) about the use of the [Pfizer / BioNTech vaccine](#) in those with a history of allergy. *[Note this is for information only as Community Pharmacy sites will only receive the Oxford/AstraZeneca vaccine.]*

Tech and Data	
Has the site tested and confirmed that it can access from the site all of the relevant clinical and non-clinical systems (excluding Pinnacle)?	Yes/No
Has the site submitted the details for two users to be set up on the Pinnacle system?	Yes/No
Has the pharmacy got access to the National Booking Service platform and are prepared to upload four weeks' worth of clinic schedules when instructed to do so?	Yes/No
Does the pharmacy know how to access / can access the vaccine appointments at the Designated site on their own system?	Yes/No
Has the site administrator set up accounts for all clinical and non-clinical staff who require access to the systems as appropriate (Pinnacle, National Booking System and Foundry)?	Yes/No
Does the Pharmacy have access to the online portal for site readiness assessment and ordering when available?	Yes/No
Legal	
Has the pharmacy contractor signed the Local Enhanced Service?	Yes/No

Regional Team Assurance	
Has either the Regional Team or authorised deputy undertaking visit on behalf of the Regional Team e.g. CCG undertaken a clinical assurance site visit?	Yes/No
Overall Readiness	
Does the Regional Team deem the Site fully ready to administer vaccinations?	Yes/No

Annex B: Mobilisation guide for community pharmacy COVID-19 Local Vaccination Services beginning operations in March 2021 (Waves 13 and 14)

This mobilisation guide has been written for potential community pharmacy LVS sites who are awaiting confirmation from the national team that their site has been approved. Please read the guide in full so that you are as well informed as possible in the event of your site being approved.

IF your site is approved, you will need to undertake a number of activities to prepare for your site to go-live, most of which are covered here. Specific timeframes for site, regional and national actions, including relating to deliveries, will be supplied at the point of site approval.

Annex B

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1. Local Enhanced Services Agreement

- a. You will need to sign the [Local Enhanced Service \(LES\) agreement for the COVID-19 Vaccination Programme V3](#) (published 10 March) and return this to your regional team before the relevant national/regional readiness meeting.

2. Being prepared professionally and clinically

- a. COVID-19 vaccination activity undertaken in community pharmacy in line with the Local Enhanced Service agreement will be covered by state **indemnity**. It was announced that state indemnity will cover community pharmacy contractors for clinical negligence under the terms of the Clinical Negligence Scheme for Coronavirus in a CAS Alert on 23 December 2020. A letter from the DHSC providing further information for pharmacy contractors is attached separately.
- b. Information and advice are available from a number of sources and pharmacy professionals must familiarise themselves with relevant guidance including from the [GPhC](#), the [SPS website](#) and [Public Health England](#). The accompanying letter from [Keith Ridge, Chief Pharmaceutical Officer for England](#) on deployment of the Oxford/AstraZeneca vaccine outlines professional accountability and [his letter to CCG Chief Pharmacists and Heads of Medicines Optimisation](#) provides a pharmacy go-live checklist for being ready to handle COVID-19 vaccinations.
- c. Our website for clinicians providing the COVID-19 vaccination service contains [information on key documents](#) from other organisations.
- d. [A standard operating procedure \(SOP\)](#) for the COVID-19 vaccine deployment in community settings, including community pharmacy led sites, is available. You should start working through this document and ensure compliance with all areas of the guidance.
- e. Community pharmacy led sites need to review the GPhC website, where there is guidance about what is expected of contractors under this service. You can access these pages [here](#).
- f. You must also have a **clinical governance process** in place, an identified lead to manage the workforce, safe staff arrangements and an operational lead for the site. The [Standard Operating Procedure: Management of COVID-19 vaccination clinical incidents and enquiries](#) provides more detail.

3. Equipment, consumables and PPE

- a. All Local Vaccination Services (LVS) sites will be provided with the appropriate start-up equipment, consumables and PPE – the Supply Inventory List (SIL) – to ensure efficient operation of the site. There is no expectation on pharmacies to transfer physical resources from community pharmacy premises to off-site or temporary premises where this would interrupt normal services.
- b. Supply of consumables and PPE will be automatically refreshed proportionate to the volume of vaccinations that your LVS site is delivering. You do not need to order these items routinely, but any problems with over or

undersupply should be should be raised via the helpdesk CS@nhsvaccinesupport.com or 0800 678 1650 - 7am-7pm Mon- Sun.

- c. Sites delivering 1,000+ vaccinations per week that have indicated they do not have sufficient, existing fridge capacity in which to store the vaccine, will also be provided with a refrigerator. Sites delivering 400+ vaccinations per week will be expected to utilise existing equipment, however in extreme circumstances, a fridge could be supplied. Note that it is essential that sites have sufficient vaccine storage space at 2-8 °C for up to 5 days.
- d. SIL and refrigerator (where applicable) deliveries will be made from the day following the relevant national/regional readiness meeting. Deliveries are made between 08.00 and 18.30 Monday to Friday and between 09.00 and 16.00 on weekends (Sunday by exception). Two members of staff need to be available to receive deliveries. You should be given 24 hours' notice before your delivery is made - this will come to the named lead contact for your site so please ensure that they are contactable by mobile phone.
- e. [Some other items that may need to be sourced locally are listed here](#). If you consider that you need any of the items on the locally provided products list, or other items not on any of the lists, we recommend that you speak to your Regional Team to understand whether there is existing local stock available. If not, sites should agree with Regional Teams to purchase items directly, and which would later be reimbursable as part of reasonable additional costs to support site set-up. Items purchased without pre-authorisation will not be reimbursed.
- f. If NHS England and NHS Improvement require pharmacies to vaccinate people in other settings under the terms of the LES agreement, such as care homes or domiciliary settings, the contractor should speak to regions about obtaining the equipment required to do this. Further equipment to support this may be available centrally.

4. Set up costs and payments

- a. We have made available £8m for distribution to community pharmacy contractors (on the NHS England and NHS Improvement pharmaceutical list), to cover reasonable additional costs (over and above the usual fee structures) associated with the COVID-19 Vaccination Programme. This may cover for example venue hire, changes to existing premises, increased electricity bills, secure storage, specific security costs and additional items not provided centrally. These will be subject to value for money checks.
- b. Pharmacy contractors **will need to seek pre-authorisation** from their NHS England and NHS Improvement Regional Team before the contractor commits to any spending. Further guidance is available on the [FutureNHS workspace](#).
- c. Please refer to the LES for details of payments, which will be made each month under the Manage Your Service (MYS) platform.

5. Vaccine supply

- a. **Your site will be supplied with an initial supply of the Oxford/AstraZeneca vaccine in the week following the relevant national/regional readiness meeting. We will confirm your vaccine delivery date and volumes when we confirm whether your site is ready to go live, the day after the national/regional readiness meeting.**
- b. Vaccine deliveries are made between 08.00 and 18.30 Monday to Friday and between 09.00 and 16.00 on Saturdays. An estimated delivery window for the arrival of your vaccine will be emailed to you **the day before** your vaccine is due to arrive – usually by lunchtime. This provides you with a 2.5 hour estimated delivery window. Sites should plan to start vaccinating patients from **the day after your** scheduled vaccine delivery date. Please be aware that these email notifications will gradually be phased out as LVS sites move to using LVS Site 360 in the future (see section 15).
- c. To facilitate smooth delivery of the vaccine to your site, please ensure that your named, registered Health Care Professional (HCP) who will receive the vaccine is there on the day.
- d. Post-vaccination record cards and the manufacturer's product information leaflet will be delivered together with the vaccine, in the appropriate quantities. Any shortages in record cards can be supplemented by [visiting the PHE website](#). Vaccine-related consumables (e.g. syringes) will be delivered separately, but again in the appropriate quantities.
- e. Further vaccine supplies will be made weekly thereafter, and you will be advised separately of the **volume and date** of these allocations. Please note that these may be different to the first week allocations. You will not be able to order additional vaccine at this time and should therefore plan appointments in line with the confirmed allocations for your site.
- f. Once the site is mobilised contractors will be expected to collaborate with any national, regional and STP operations centre in relation to stock forecasting and reporting.
- g. **Oxford/AstraZeneca vaccine shelf life once delivered and stored at 2-8°C will be in the range of 6 months.** Shelf life will be clearly marked on the vaccine box label. Further guidance on the appropriate Cold chain procedure can be found in the [SOP](#). The Oxford/AstraZeneca vaccine should be used immediately and should not be stored as weekly deliveries are being made. Vaccine should not be wasted.

- h. The nationally authorised **Patient Group Direction** (PGD) and National Protocol for Covid-19 Vaccine AstraZeneca (ChAdOx1-S [recombinant]) is available [here](#).

6. Patient Information Leaflets

- a. Public Health England (PHE) has created a number of leaflets for patients. These are set out in the attached PHE document entitled “Covid-19 vaccination programme publications: A guide for use”, which explains when to use each leaflet. You can view the key PHE resources [here](#). British Sign Language videos, large print, easy read, Braille versions of the key leaflets, as well as versions in a large number of different languages, are available at <https://www.healthpublications.gov.uk/Home.html>.
- b. **We will deliver an initial quantity of leaflets to your site before you are due to start vaccinating patients.** The courier, Yodel, will contact the lead contact for the site in advance of arrival to ensure you are able to arrange access or collect the leaflets.
- c. You will then need to order replenishment of leaflets for subsequent weeks from <https://www.healthpublications.gov.uk/Home.html>. You must register on that site as an organisation, not an individual, to enable you to order sufficient quantities of leaflets.

7. Data and Technology Equipment

- a. Sites will be supplied with sufficient technology equipment with the intention that staff will not have to use existing devices in use for business as usual work. A list of **technology equipment** which will be supplied to all sites for free by our Corporate IT team is shown in the table below. Note that the list differs for sites who will be delivering 1,000+ vaccinations per week, and those delivering 400+ per week. **If you do not think this equipment is necessary for your site, please discuss with your Regional Team.** Staff will not need a login for the devices.

Table 1: Centrally supplied technology equipment

IT Equipment	Sites 1,000+ vaccinations per week	Sites 400+ vaccinations per week	Explanatory notes
MS Windows 10 Desktop Bundle with monitor, keyboard and mouse	5	3	Based on assumption of 5 vaccination stations per community pharmacy site
WiFi Dongles	5	3	
Pepwave 4G Router	1	0	Fixed site connection to be supplied by Corporate IT team if needed to cover all 5 vaccination stations
MiFi Router	1	1	
Apple iPad 4G enabled LTE tablet	1	1	For receptionists and as backup device
EMIS GPIT Laptop	1	0	Clinical systems installed enabling access to the Summary Care Record
Printer – A4 Black & white	1	0	Back-up to enable paper recording in the event of Pinnacle being offline
Handheld barcode scanner	5	3	These are required to scan the vaccine
VPN token / SMARTCARD reader	2	2	For use to access the Summary Care Record

- b. The above technology items will be supplied via a series of separate deliveries – four deliveries for 1,000+ vaccinations sites and three for 400+ vaccinations sites. Deliveries will be made from the day after the relevant national/regional readiness meeting onwards and are made between 08.00 and 18.30 Monday to Friday.
- c. **You should be given 24 hours' notice of the delivery dates - this will come to the named lead contact for your PCN grouping so please ensure that they are contactable.** For existing NHS sites (i.e. your

registered pharmacy premises), we expect that staff will already be available to receive the delivery. For new, non-NHS sites please ensure that at least one member of staff is at the site in order to receive the delivery. Alternatively let your regional team know if you would like the equipment to be delivered to your registered pharmacy – you will need to do this before the relevant national / regional readiness meeting. Further details on deliveries to non-NHS sites will be provided nearer to the delivery time.

- d. **Initial and ongoing IT support will be provided separately to delivery**, such as installation of the new devices. **Your site lead contact will be contacted to arrange a date for the initial installation of its technology equipment once delivered.** This may be on the day that your initial vaccine supply is delivered.
- e. All devices supplied will have limited access to relevant websites, including:
 - Whitelisted URLs published here <https://vaccinations.nhs.uk/>;
 - British National Formulary;
 - National Institute for Health and Care Excellence;
 - GP Notebook;
 - Outcomes4Health, provided by Pinnacle and Insights;
 - NHS England and NHS Improvement information and guidance for Primary Care on the COVID-19 vaccination programme.
- f. Staff at sites may occasionally want to access a patient's **Summary Care Record (SCR)** – VPN tokens / SMARTCARD readers and an EMIS GPIT laptop will be supplied for this purpose. Staff will also need to access to the National Booking Service / Q-Flow.

8. Point of Care System

- a. **Outcomes4Health, provided by Pinnacle is the Point of Care (POC) system** that community pharmacy sites will use to record the vaccination event. Access to Outcomes4Health will be provided free of charge to LVS designated sites, as will the associated training. Outcomes4Health is a web-based system, but it does require a suitable data connection (4G/Wi-Fi).
- b. **Outcomes4Health access** is dependent on the timely set up of site specific configuration, including the creation of site [ODS](#) codes where applicable for the vaccination service and any additional infrastructure requirements.
- c. As part of **user onboarding**, we have already asked for sites to provide details for one or two system administrators per community pharmacy designated site who will be set up on the Outcomes4Health system. The registration status of the individuals is required to be able to create the appropriate account permissions. System administrators will be able to create and manage the end user accounts for the vaccination site. **We are aiming to ensure that all system administrators receive their log-in details and a**

vaccination site code by email **by the end of the Friday** before your initial vaccine supply arrives.

- d. Once system **administrators receive their user credentials**, they must log into <https://outcomes4health.org/o4h/> within three calendar days for security reasons. Please note that this whole process can take a minimum of 72 hours to undertake the necessary steps and the accuracy of the information provided is critical. It is also important to note that administrators do NOT have access to the vaccination service screens within Outcomes4Health. It is only the end users that have the access to record a vaccination that are able to access the relevant service screens within the system.
- e. We recommend that your administrators **set up additional Pinnacle accounts** for clinical and non-clinical end-users once initial log in details have been received.
- f. The **training for the Pinnacle system administrators** will be via a 'How-to' comprehensive user guide explaining step-by-step how to set-up and manage the user accounts at the vaccination site. Additionally, for **individual system user training**, Pinnacle has made available user-guide videos. These provide a step-by-step walk-through of the system providing everything that is needed to operate the Outcomes4Health system. The training can be accessed on the [FutureNHS Vaccination Programme Platform](#). If you are not a member of this workspace, please contact: P_C_N-manager@future.nhs.uk. The functionality works in a very similar way to the recording of flu vaccinations using PharmOutcomes.
- g. We recommend that all relevant staff members **view the Outcomes4Health training a few days before the site goes live. Access to the training is NOT dependent on having your login credentials.**
- h. Offline forms are also available to download from the above training platform. This will ensure business continuity should there be any problems accessing the system.

9. Recording the vaccination event

- a. Good quality, timely vaccination event data is essential to support both national and regional coordination on vaccine supply as well as to enable appropriate surveillance of these new vaccines. As per the section above, **Outcomes4Health, provided by Pinnacle is the Point of Care (POC) system** that LVS sites will use to record the vaccination event.
- b. For MHRA surveillance purposes, it is essential that the vaccine type, dose and batch number are recorded accurately into the vaccination record. MHRA require that this be done by scanning of the GS1 standard 2d matrix barcodes supplied on the vaccine cartons. All designated sites will therefore require

access to barcode scanners and this is included in the centrally procured and supplied list of items. A suitable data connection (4G/wi-fi) will be required to access Outcomes4Health via hand-held mobile devices if pharmacy contractors are commissioned to visit care homes and/or housebound patients to administer vaccinations.

- c. Where barcode scanners are not available or where the initial supply of vaccines does not include the individual barcodes, users can also set session batch and expiry information for vaccines by using the 'COVID batch management' template within the Outcomes4Health system. Further guidance is available on the [FutureNHS Vaccination Programme Platform](#).
- d. There is no need for pharmacy sites to also report the vaccination to the GP, as vaccination event data captured within Outcomes4Health will flow back to the relevant GP patient record within 24 hours of the vaccination event and also to the National Immunisation Management Service (NIMS).
- e. To assist with accurate allocations, and payment, it is important that all vaccine events are recorded in Pinnacle on the day of vaccination.
- f. Regular training webinars on Outcomes4health are being held. Please check the [live calendar](#) for up-to-date details. These sessions are intended to demonstrate the functionality of the Outcomes4Health (Pinnacle) point of care system including how to navigate the landing pages and demonstrate data capture. Previous recorded sessions can be found on the [FutureNHS Site](#).
- g. Some helpful vaccination record queries can be found here [GP COVID-19 vaccination record queries - NHS Digital](#).

10. Clinical waste

- a. A specific COVID-19 collection capacity is being coordinated by NHS England and NHS Improvement for **infectious and hazardous waste**. Please contact your Regional Team if you have not had notification of uplift arrangements.
- a. It is vitally important that vaccination sites segregate all waste into the proper waste stream. Doing so reduces pressures on the waste services infrastructure, reduces the impact on the environment, significantly reduces costs, and ensures compliance with relevant waste regulations. All waste should be disposed of into the allocated consumables and stored securely on site, or transferred to another site as required (e.g. roving vaccinators) following each vaccination session. For further information on **clinical waste management** please refer to the [SOP](#).
- b. **Offensive and general waste** should be processed through existing arrangements in line with [COVID-19 waste management standard operating procedure](#).

11. Security

- a. Please ensure that as part of your preparations, you have engaged with your commissioners, local resilience forums and the police to put into place any **reasonable security requirements** for local vaccination services and to ensure the police are aware of the location. Additionally, please consider site security (including staff, locks and alarms) if storing vaccine overnight, particularly in non-NHS sites. If you are in any doubt of your ability to securely store and administer vaccine, please ensure you escalate to your Regional Team/ Regional Vaccination Operations Centre (RVOC).
- b. For further information on **site and vaccine security** please refer to the [SOP](#).

12. Workforce and training

- a. Guidance on workforce planning and skill-mix is included in the [SOP](#). Further guidance has been issued setting out detailed instructions to help [Community Pharmacy](#) access the National Workforce Supply Routes. LVS sites should consider how best to maintain workforce resilience including by drawing down on this additional support, which includes vaccinators, clinical supervisors, patient advocates, post-vaccination observers and stewards. Access to this workforce supply is through the Lead Employer, details of which can be found on the [FutureNHS workspace](#).
- b. It is expected that the majority of vaccinations will be delivered by health care professionals under the PGD or lay vaccinators under the COVID-19 National Protocol. There is a requirement for Community Pharmacy sites to be overseen by a pharmacist.
- c. Any person covered under a Patient Group Direction, or authorised under a National Protocol, relevant to the vaccine being used, is able to administer a vaccination. These documents and many others that will be useful for the programme can be found on the Public Health England [COVID-19 vaccination programme website](#).
- d. The Specialist Pharmacy Service also has a useful page which sets out who can work under a PGD or Protocol under the COVID-19 vaccination programme which you can access [here](#). This confirms the legal basis for the vaccination process and who can be involved.
- e. We recommend that sites finalise their workforce arrangements, have any new, temporary staff in place, and complete all their training a few days before sites go live.
- f. All staff involved in the delivery of COVID-19 vaccination will need to undergo training, the extent of which will vary depending on the staff member's role and experience. All vaccinators will need to undertake training on the specific vaccine being administered.

- g. PHE has published [COVID-19: vaccinator training recommendations](#), [Immunisation training standards for healthcare practitioners](#), and [COVID-19 specific vaccine e-learning](#).

13. Lateral flow antigen testing kits

- a. LFT kits are available for all parts of primary care and should be ordered via PCSE. A Standard Operating Procedure on lateral flow antigen testing in primary care, FAQs and an NHS staff guide to self-administering the test can be found [here](#).
- b. Tests are voluntary and lateral flow antigen testing is not a necessary requirement to start delivering vaccinations. However, staff are encouraged to use this modality of testing to help reduce onward transmission and spread.
- c. If contractors have any queries following review of the SOPs and FAQs, they should contact england.covid-ld@nhs.net

14. Patient call / recall and engagement

- a. For community pharmacy-led sites the **national call / recall service, in combination with the national booking service (NBS), will be responsible for engaging cohorts and inviting appointment booking at the designated site**. Eligible patients will receive a letter directing them to the NBS (online and by calling 119), which will offer them a list of sites with appointments available that are close to their location.
- b. People who received their first dose without an appointment from the National Booking Service should be advised to book the second dose the day after the first dose has been administered and recorded onto the Pinnacle system.
- c. We are aware that there have been instances where people have not fully confirmed appointments on the system, resulting in some people arriving at sites without appointments. Improvements have been made to the relevant screen which should greatly reduce this. **Subject to written agreement from your commissioner and vaccine availability, sites can vaccinate these individuals.**
- d. Local booking arrangements may be used with the written consent of your NHS England and Improvement regional team, particularly to help improve vaccine uptake in eligible populations and where vaccine hesitance is a concern. Please refer to [the LES](#) for more information.
- e. As set out in the training module for this vaccination, informed consent must be obtained before administration of all vaccines, but there is no requirement for consent to be in writing. As part of the consent process, you should also highlight any patients who may **lack mental capacity to give their consent** at the time of vaccination and refer to the [Standard Operating Procedure](#) for

guidance on how to proceed, which includes seeking consent from a patient representative with legal authority, or making a best interests decision. A record of consent should be recorded within the Pinnacle system by the healthcare professional.

- f. It is essential we vaccinate in line with [JCVI guidance](#) and ensure minimal wastage. Community pharmacy designated sites should therefore ensure that after all efforts to ensure patient attendance, any unfilled appointments or residual supply of vaccine are used to vaccinate patients within announced and eligible cohorts, including health or social care workers.
- g. NHS England is responsible for processing your personal data for the purposes of the national vaccination programme. To find out more, you can access our [privacy notice](#) or search for “NHS England Privacy Notice” in your browser. It is recommended that patients are directed to this link within any communications.

15. Appointments and the National Booking Service (Q-Flow)

- a. [Q-Flow](#) is the administration system that interacts with the National Booking Service. You will be required to manage your clinics within Q-Flow and further details of how to do this will be provided **if** your site is confirmed as ready to go live.
- b. Log-in details to Q-Flow (NBS) will be set up by your NHS regional Data and Tech workstream, or by your head office for some pharmacy contractors and sent to the site lead contact. **If you have not received these log-in details by lunchtime on the Friday before your initial vaccine supply is due to arrive, please contact the NBS Team at NBSonboarding@nhs.net**
- c. All **training materials for Q-Flow/NBS** can be accessed from the following platforms: [NHS Digital](#) and [Future NHS](#).
- d. Learning to date from existing community pharmacy sites suggests that site leads or managers should set aside sufficient time to understand and work through initial set-up requirements. To start, you will need to check that your site details are correct on Q-Flow, including longitude and latitude and access to parking.
- e. You will then need to set up clinics on Q-Flow to start the day after your scheduled vaccine delivery. **You should only set up appointments AFTER you have a confirmed allocation of vaccine to cover for first doses.** Appointments for the second dose (77-84 days later) must be created at the same time as first dose appointments. The expectation is that your site will provide the number of vaccination appointments indicated in your expression of interest (either 1,000+ or 400+ per week).

- f. To do this you would need to create 2 availability slots;
- For week 1. This availability slot should start on the day after your vaccine supply will arrive. You should aim to set up enough appointments so that you use all your vaccine supply within 7 days from this delivery date.
 - For weeks 12 and 13. This two-week availability slot should start 77 days from the first clinic day above (the day after your vaccine supply) and continue until 84 days after the last clinic day from the availability slot above.
- g. For example, if your delivery day is 19/03/21 and you have 1,200 doses of the vaccine, then set up the availability slots with appointments as follows:

Date of dose 1 appointments	19/03/21	20/03/21	21/03/21	22/03/21	23/03/21	24/03/21	25/03/21	Total appts
Number of appointments	174	174	174	174	174	174	174	1218
Date (+77 days from dose 1 appointments)	05/06/21	06/06/21	07/06/21	08/06/21	09/06/21	10/06/21	11/06/21	Total
Number of appointments	174	174	174	174	174	174	174	1218

	12/06/21	13/06/21	14/06/21	15/06/21	16/06/21	17/06/21	18/06/21	Total
Number of appointments	174	174	174	174	174	174	174	1218

- h. The National Booking Service is currently set up to offer 12 x 5 minute appointments per hour. It is acknowledged that community pharmacies will be operating various different models of vaccine clinics, depending on local circumstances. Provided you can deliver the required number of vaccinations over a 7-day period, there is flexibility in how this is delivered.
- The interval between appointments are 5 minutes each, so Q-Flow will assign 12 patients for each hour of clinic time. Appointments for more patients can be made available by adding a clinic.
 - Don't forget to book in breaks throughout the day when setting up your 'time-segments'. This will enable your vaccinators to spend longer with each patient if required.
 - Feedback from teams vaccinating at the moment has been that booking an hour or more for a lunch-break allows you to both catch-up and regroup before the afternoon session if you get behind.
- i. Site managers should not differentiate between first and second vaccination appointments – any appointments not utilised as second appointments in weeks 12-13 will eventually be filled as first appointments; but only once there

is appointment capacity scheduled in weeks 23 to 24 where people can book corresponding second appointments.

- j. Each week you'll need to add an additional availability slot for the week that you get your new supply (starting the day after the delivery is scheduled) and an additional week at the end (84 days from the new clinic dates).
- k. **Please remember that you must only release appointments that you have a confirmed vaccine allocation to cover, along with corresponding second dose appointments in weeks 12 and 13 (to give patients a choice of appointments in the recommended 77-84 day second dose window).** Do not open additional appointments in case patients do not attend the clinic. The experience of sites who have already gone live is that this may result in your site having to cancel patient appointments as vaccine is used up. You should ensure that there are enough appointments to allow you to use the vaccines within 7 days of receipt and spread over several days to allow good patient access.
- l. **The NBS Onboarding and Assurance Team will check your site set-up when you are ready and BEFORE you make your calendar LIVE to the public** to ensure patients will be able to book as expected.
- m. **Once you believe you have configured your site in NBS and are ready to publish appointments to the public, please email NBSonboarding@nhs.net with the email title "CP NBS Readiness Check – (Site name)"** and a member of the team will get in touch with you.
- n. The NHS Onboarding and Assurance Team will sense check your appointment slots and site attributes and then, providing everything looks ok, they will either switch you to online or confirm to you that your site can do this directly. **Patients will then start being booked into your vaccination clinic.**
- o. Regular training webinars on NBS are being held. There are also Q-Flow training sessions to help site managers from any vaccination centre to understand how to use the appointment administration system. Please check the [live calendar](#) for up-to-date details. These sessions are intended to demonstrate the functionality of the national booking service system including how to navigate the landing pages and demonstrate data capture. Previous recorded sessions can be found on the [FutureNHS Site](#).
- p. If you will be vaccinating health and social care workers who have not booked through the National Booking Service, or patients identified via other mechanisms agreed locally with your regional team then you should deduct the expected number of vaccines that will be used in this way before uploading the remainder as appointments on Q-Flow.
- q. If there are un-booked appointment slots on the day, or if people do not attend for an appointment, then these clinic slots can be offered to other people

in eligible and announced JCVI priority cohorts, with permission of the commissioner, identified in advance who have not yet received a first dose of either COVID-19 vaccine. You can only do this if you are completely confident that they have not yet received a first dose or booked an appointment elsewhere.

16. NHS Foundry Platform (LVS Site 360)

- a. The NHS Foundry Platform, which hosts the LVS Site 360 workspace, is used for three functions within the vaccine programme: reporting, data collection and operational planning. Access to and regular use of the LVS Site 360 workspace will be essential to your site running smoothly, for example, this is where sites' vaccine and delivery allocations will be published and where you will need record your stock position on a weekly basis and record any wastage. More information can be found here [Covid Vaccine - NHS COVID-19 Data Store - FutureNHS Collaboration Platform](#)
- b. You have already been asked to identify two individuals who are to be provided with access to LVS Site 360 / NHS Foundry. We are working hard to onboard community pharmacy sites to NHS Foundry as soon as possible and will send you your log-in details. **If you have not received these log-in details 3 days before your initial vaccine supply is due to arrive, please contact the helpdesk agem.vaccinationstocktake@nhs.net**
- c. An onboarding guide will come with your log-in details. User guides will be available via the LVS Site 360 homepage, which you will be able to access via this link [Login | Palantir \(palantirfoundry.co.uk\)](#).
- d. If you have more than one site and would like to view these simultaneously on LVS Site 360, please contact the helpdesk above, listing the sites in question by providing site name and postcode, and this will be set up for you.
- e. All LVS sites are required to record their stock position on a weekly basis and record any wastage via this web form ([web form \[ppds.palantirfoundry.co.uk\]](#)). Please complete the web form on a Monday morning to reflect stock held at close of day on the Sunday preceding and recording wastage during the previous 7 days. This will help ensure all allocations are based on the correct data.

17. Customer Service

- a. Please advise your Regional Team of any changes in site contact details as soon as possible (see RVOC contact details below).
- b. All LVS site lead contacts receive an update from the national team three times a week, containing new or important developments and/or information relating to the COVID-19 vaccination programme. This update is cascaded by email via your RVOC. There is also a [discussion forum](#) on the FutureNHS

workspace for any questions or comments related to the COVID-19 primary care vaccination programme.

- c. For queries about vaccine order, supply and delivery, contact Unipart at CS@nhsvaccinesupport.com / 0800 678 1650, open 7am to 7pm, Monday-Sunday.
- d. For queries about supply of consumables and PPE, contact Unipart at CS@nhsvaccinesupport.com / 0800 678 1650, open 7am to 7pm, Monday-Sunday.
- e. For queries about IT issues, including IT hardware, 4G connectivity (for equipment provided by NHSE), Pinnacle, Foundry, Data and other IT services issues, contact the Covid Vaccination Help Desk on vaccineservicedesk@england.nhs.uk / 0300 200 1000, open 6am to 10pm every day, including Bank Holidays.
- f. For all other queries, contact your Regional Vaccination Operation Centre (RVOC) in the first instance:
 - East of England england.eoe-vacprg@nhs.net
 - London england.london-covid19voc@nhs.net
 - Midlands england.midscovid19voc@nhs.net
 - North East & Yorkshire england.ney-vacc-cell@nhs.net
 - North West Covid-19.MVNW@nhs.net
 - South East england.servoc@nhs.net
 - South West england.swcovid19-voc@nhs.net
- g. Your RVOC may escalate an issue to the National COVID Vaccination Operation Centre (NVOC) at england.covidvaccs@nhs.net.