The NHS COVID-19 Vaccination Programme

Communications resource pack update

Fifth edition – 8 January 2021

**Important note**

These resources will be updated regularly. Please look out for further iterations from your regional NHSEI communications team, and if in any doubt please check with them that you are using the latest version.

This pack is intended as a universal resource, meaning some of its contents may be more relevant to some organisations than others. We strongly recommend that you coordinate with your STP/ICS colleagues – and particularly the nominated lead providers - on local adaptation of these resources.

**What’s new in this version**

This edition contains information and resources on the following:

* Vaccination centres and the national booking service
* Dealing with offers of help and donations
* Additional insight on engaging with BAME audiences
* Updated social media guidance
* Template complaint responses
* Updated guidance on fraud and scams
* Template email to applicants in recruitment pipeline
* Updated Q&As

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# **Introduction**

Vaccines are now being delivered in hundreds of hospital hubs, local vaccination services and care homes – and from Monday this will include the first Vaccination Centres and community pharmacists, bookable through the national booking system.

The NHS is continuing to prioritise those the JCVI and government has decided will benefit the most – specifically those aged 80 and over, people who live and work in care homes, and health and social care workers.

As set out in the last pack, **now is the time to start your internal staff vaccination uptake campaign.** We have provided an updated pull-out guide to help you with this alongside this pack, which reflects the [Standard Operating Procedure](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/01/C1008-Operational-Guidance-Vaccination-of-Frontline-Health-Social-Care-Workers-7-January-2021.pdf) published 7 January 2021.

We continue to work extensively at national and regional level to coordinate media access, filming and choreography for local, regional, national and international outlets. Thank you to those colleagues who have been working with us on this over the last few weeks. **Please continue to coordinate all proactive and reactive media work with your regional NHSEI team after discussion with your colleagues at STP/ICS level.**

**Using this pack**

This is an update in the series of communications packs first circulated on 25th November, and should be used alongside the suite of resources now published by Public Health England, and the ‘pull-out’ guides we have are producing covering: vaccinating in care homes (for PCNs/care providers), a guide for LAs/LRFs on supportive messaging, and a new guide focussing on staff uptake.

This pack is the fifth edition of what we expect to be a series of regular updates on priorities and messaging to assist NHS organisations and communications teams in achieving these priorities. NHSEI will endeavour to update and distribute resources via regional teams as soon as possible to reflect developments in policy and the phasing of the programme.

We envisage that local teams will use the materials in this and other packs as the basis for their own communications and engagement materials and activities. This pack should not however be published or shared outside the NHS in its entirety.

This version of the pack includes a range of new and updated resources based on developments nationally and the feedback we have had on what local organisations would find useful.

We are keen to continue improving this pack, so if you have feedback or there are comms items you would like us to add to future editions, please let your regional NHSEI comms team know.

# **Key messages**

The below are the current key public messages for you to use in your internal communications and to inform any media lines.

To note, these key messages (as well as a script and top Q&As) are being updated on a regular basis as the programme develops and in response to emerging issues.

*The vaccination programme – the biggest in NHS history – is off to a strong start, and more than 1.3million doses have now been delivered across the country, covering almost one in four people over the age of 80.*

*NHS teams have been working hard over the last month to deliver the Pfizer vaccine in hundreds of hospital hubs, local GP-led services and care homes, at the same time as providing care to all those who need it and the rising number of Covid cases.*

*The approval of a UK-developed and manufactured vaccine provides a major boost to our plans to offer protection to those who would benefit most as quickly as possible, including health and care staff. The NHS will continue to increase its capacity to deliver the vaccine with hundreds of additional local vaccinations services, hospital hubs and vaccination centres coming on-line over the coming weeks as supplies allow.*

*The new guidance from the JCVI on prioritising giving more people their first dose also means that we will be* *to get the maximum benefit for the most people in the shortest possible time and will help save lives.*

*This is the biggest vaccination programme the NHS has ever undertaken. It is a huge challenge, and not everything will always go perfectly. The NHS is well-used to delivering millions of vaccines a year and is moving quickly to roll out this vaccine to those who need it,. Our ambition, if supplies allow, is to have offered vaccines to the most vulnerable 13 million people by the middle of February.*

*But it’s important that we remember this will be a marathon, not a sprint. The large increase in cases hospitals are seeing and the emergence of a new variant of the virus also shows that we cannot let our guard down now and underlines the importance of offering the first dose to as many people as possible quickly. But even those who have received a vaccine still need to follow social distancing guidance.*

*NHS staff are doing an incredible job to deliver what it is the largest vaccination programme in our history, at the same time as continuing to be there for everyone who needs care. The public have an important part to play to help them do this:*

* *please don’t contact the NHS to seek a vaccine, we will contact you;*
* *when we do contact you, please attend your booked appointments;*
* *and please continue to follow all the guidance to control the virus and save lives.*

# *ENDS***Full narrative**

The below is a longer-form script building out the key messages above, again for you to use in your internal communications and to inform any media lines.

***Summary***

*The rapid rollout of the Oxford/AstraZeneca vaccine is another world first for the NHS – following delivering the first Pfizer/BioNTech vaccines and being first to develop and deploy dexamethasone as a treatment – and marks the next phase of our vaccination programme.*

*The vaccination programme – the biggest in NHS history – is off to a strong start, and more than 1.3million doses have now been delivered across the country, covering almost one in four people over the age of 80.*

*In the first few weeks sites were chosen based on their ability to handle the vaccine, with account taken of the number of people aged 80 or over in their area, while ensuring a geographical spread.*

*Hundreds of new vaccination services in hospitals and communities are due to come onstream this week, joining the 700 already in operation. This will include the first seven Vaccination Centres on Monday – one in every region - as well as the first community pharmacies.*

*The approval of a UK-developed and manufactured vaccine provides a major boost to our plans to offer protection to those who would benefit most as quickly as possible.**NHS England and NHS Improvement have asked NHS organisations to ramp up the vaccination of health and social care staff immediately now that more supplies of vaccine are coming on stream. Our ambition, if supplies allow, is to have offered vaccines to the most vulnerable 13 million people by the middle of February.*

*The first Oxford/AstraZeneca vaccinations was delivered at a small number of hospitals for the first few days for surveillance purposes, and now supplies have been sent to hundreds of GP-led services.*

*The new Oxford/AstraZeneca vaccine is easier to transport and store than the Pfizer/BioNTech vaccine, making it easier to deliver in care homes. The NHS is also giving GPs an extra £10 for every care home resident that they vaccinate by the end of the month to cover the costs of accelerating this part of the programme. A majority of care home residents are expected to be vaccinated by then.*

*The new guidance from the Joint Committee on Vaccination and Immunisation (JCVI) and Chief Medical Officers on the period between doses also means that we will be to get the maximum benefit for the most people in the shortest possible time.*

*As the Chief Medical Officers said earlier this week, this ‘will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services’.*

*We are supporting GPs to respond to this change, with each Primary Care Network affected receiving £1,000 to help cover costs.*

*The NHS is well-used to delivering millions of vaccines a year and is moving quickly to roll out this vaccine to those who need it, but it’s important that we remember this will be a marathon, not a sprint.*

*Our ambition, if supplies allow, is to have offered vaccines to the most vulnerable 13 million people by the middle of February. The NHS has the capacity and trained staff to deliver vaccines as soon as they have been manufactured and have undergone the relevant safety checks. But as the Chief Medical Officers said in* [*their letter to the profession*](https://politico.us8.list-manage.com/track/click?u=e26c1a1c392386a968d02fdbc&id=47d4287a27&e=5c1a965e1c)*: “Vaccine shortage is a reality that cannot be wished away.”*

*The large increase in cases hospitals are seeing and the emergence of a new variant of the virus also shows that we cannot let our guard down now, and even those who have received a vaccine still need to follow all the same guidance as everyone else to help protect others.*

*The public have an important part to play to help them do all of this, so we are asking:*

* *please continue to follow all the guidance to control the virus and save lives – that means staying at home as much as possible and following the ‘hands, face, space’ guidance when you are out;*
* *please don’t contact the NHS to seek a vaccine, we will contact you;*
* *and when we do contact you, please attend your booked appointments.*

***Oxford/AstraZeneca Vaccine and clinical guidance on second doses***

*The first batch of Oxford/AstraZeneca vaccines are now being rolled out, with 82-year-old Brian Pinker the first to have it, fittingly at Oxford University Hospitals.*

*The first Oxford/AstraZeneca vaccinations were delivered at a small number of hospitals for the first few days for surveillance purposes, and now the bulk of our first supplies have been sent to hundreds of GP-led services.*

*Following a review of clinical evidence and latest public health data, the JCVI and the UK Chief Medical Officers have also updated guidance for the NHS on the second dose for both vaccines, meaning they can be safely offered up to 12 weeks apart.*

[*The four UK CMOs*](https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines) *have said that, ‘Prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time’ and ‘will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services’.*

*Patients still need to receive their second vaccine, and it is important that they attend their second appointment once scheduled.*

*It is also important that anyone who has had the vaccine continues to follow government guidance on social distancing and wearing a mask as well as the additional measures in place where they live.*

***Expanding vaccination services and workforce***

*Hundreds of new vaccination sites are due to come onstream over the coming days, joining the 700 already in operation, including the first Vaccination Centres and community pharmacists, which patients will receive invites to book at through a national booking system.*

*Local NHS leaders were asked to prioritise areas with high numbers of people aged 80 or over in line with the prioritisation set out by the independent Joint Committee on Vaccination and Immunisation.*

*As supplies allow, the NHS will be able to deliver protection to more people from more local services.*

*We have enough vaccinators to deliver the vaccine we currently have and have been recruiting and training tens of thousands more who will be drafted in as more supplies become available, and to ensure the NHS can deliver them alongside caring for everyone who needs it.*

*We are delighted that many former members of NHS staff, as well as existing staff and many others who have never worked in the NHS, have applied for paid vaccinator roles. Tens of thousands of these people have already begun and completed their online training to be ready for when they are needed.*

*We are also working with St John Ambulance to recruit and train thousands more volunteer vaccinators, who will have all the relevant clinical training – as well as supervision - to ensure they can vaccinate in a way that is safe for patients and for themselves.*

***Mixing doses***

*PHE, the JCVI and the MHRA have all been very clear that in the absence of trial data to show it is safe and effective, doses should not be mixed. If you have a first dose of one vaccine, your second dose will be of that same vaccine too and that is what NHS organisations have been instructed to do.*

***Staff vaccination***

*To minimise waste, vaccination sites have also been ensuring unfilled appointments are used to vaccinate healthcare workers who have been identified at highest risk of serious illness from Covid-19.*

*Increased supply means that vaccination can also now immediately be expanded for frontline health and social care workers, including those working in primary care, independent providers and voluntary organisations like hospices.*

*Employers were told to begin this phase on 30 December, and further guidance has been provided to help them do so as quickly as possible.*

*The JCVI recommend that within this group, priority is given to frontline staff “at high risk of acquiring infection, at high individual risk of developing serious disease, or at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment”.*

*Healthcare providers have been undertaking staff risk assessments throughout the pandemic to identify these individuals and it remains important that this is organised across local health and social care systems to ensure equitable access, ensuring all staff within their own organisations and those of their partners, are able to access the vaccine as soon as possible.*

***Pressures***

*The large increase in Covid patients hospitals are seeing and the emergence of a new variant of the virus underlines the importance of getting the first dose to as many people as possible quickly.*

*NHS staff are doing an incredible job to deliver what it is the largest vaccination programme in our history, at the same time as continuing to be there for everyone who needs care.*

*All hospitals – and particularly those in London and the South East - remain extremely busy, with more Covid patients than in the first wave, which is why they have opened hundreds more critical care beds to respond to the increased demand.*

*Opening more beds is just one part of surge plans that are in place, which includes using additional facilities like the Nightingale hospitals in a way that makes most sense for the regions they each serve.*

*We know that demand for critical care will continue until infection rates fall, so it’s vital that the public plays their part in stopping the spread of Covid-19 by staying at home as much as possible, social distancing, wearing masks and washing their hands.*

*ENDS*

# **Vaccination Centres and the national booking service**

The next phase of the COVID-19 vaccination programme begins on Monday 11th January with the first seven sites operating the Vaccination Centre model, as well as the first community pharmacies – both of which will be bookable through a national service, which will begin sending letters to people this weekend.

As the booking service will initially be handling appointments for the first groups of vaccination centres and community pharmacies, it is important that we help manage expectations and the number of people using this service inappropriately so that people who are eligible can book when they receive their letter from the NHS.

We are not therefore advertising this service nationally at this stage. It is however highly likely that the online booking platform at [www.nhs.uk/covid-vaccination](http://www.nhs.uk/covid-vaccination) and 119 will become widely known and the following key messages and the Q&As later in this pack are designed to help with this, alongside the existing messages on waiting to be invited.

The copy below can be adapted for a range of communications needs as required by your organisations.

*BEGINS*

***Summary/short copy****Now that more doses of Covid-19 are available, the NHS is able to open more vaccination services, including the first Vaccination Centres*

*People who are eligible and who live near these new vaccination services will receive letters from the NHS Covid-19 Vaccination Booking Service, telling them how they can book their appointment.*

*The NHS is rolling out additional services quickly, but it remains important that the public don’t try to book or go to these services before they receive their booking letter.*

*And when you do book an appointment, please make sure you attend.*

***Vaccination Centres***

*On Monday 11 January, the first seven vaccination centres will become operational as the next step in rolling out the COVID-19 vaccinations. Initially, there will be one centre in each region, with more centres opening over the course of the month.*

*The first centres are:*

* *Ashton Gate in Bristol (South West)*
* *Epsom racecourse in Surrey (South East)*
* *Excel Centre in London (London)*
* *The Centre for Life (North East and Yorkshire)*
* *Etihad Tennis Club in Manchester (North West)*
* *Robertson House in Stevenage (East of England)*
* *Millennium Point in Birmingham (Midlands)*

*Initially, people aged 80 and over who live within 30 to 45 minutes of a Vaccination Centre, and haven’t already been vaccinated by their local GP led vaccination services or hospital hub, will be the first people to receive letters to book their appointments. Vaccination Centres will also work directly with local health and care employers to directly book staff into appointments.*

*To ensure that those who are greatest risk get their vaccination first, we are asking the public to help us and wait for the NHS to contact them when it is their turn, and to not come to vaccination centres (or any other service) without an appointment.*

*It is expected that the centres will be able to vaccinate tens of thousands of people per week once operating at full capacity. Over the course of the first few days, centres will gradually build up and test their systems to being able to operate up to 12 hours a day. The testing period is essential to ensure that centres have the right social distancing and COVID secure measures in place to protect our patients and staff.*

*Each vaccination centre will be staffed by clinicians, non-registered vaccinators, administrative staff and a range of volunteers who will help make a visit run as smoothly and safely as possible. The exact number of staff and volunteers will depend on how many ‘pods’ the centre has.*

*There will be three volunteer roles staffed by St John at vaccination centres: fully trained vaccinators, post vaccination observers and patient advocates.  As well as these volunteers, the NHS Volunteer Responders programme, coordinated by the Royal Voluntary Service, will also be providing volunteers to be stewards, who will play a crucial role in helping people through the centre, improving the patient journey.*

*To ensure that critical patient care is not compromised, there is also a national contract in place with NHS Professionals who have been recruiting and training tens of thousands of vaccinators – including many former and private clinicians - who are available to local systems to complement local recruitment and bolster the local vaccination workforce.*

***The NHS Covid-19 Vaccination Booking Service***

*The national NHS Covid-19 Vaccination Booking Service will go live in advance of booking letters starting to arrive from Saturday 9 January. The NHS service will send out letters for eligible people to book their vaccine appointment.*

*They can do this in two ways:*

* *Booking online at* [*www.nhs.uk/covid-vaccination*](http://www.nhs.uk/covid-vaccination)
* *Phoning 119.*

***How it will work***

*The* *NHS will write to eligible people (based on the JCVI cohorts) offering them to book through this service.*

*People will be able to book their appointment in a vaccination centre or community pharmacy. An initial set of these sites will go live from Monday 11 January and will rapidly ramp up in the following weeks.*

*Letters will initially go to people aged 80 and over who live in reasonable travelling distance of the active locations, and who haven’t already been vaccinated through other NHS vaccination services.*

*As more locations go live, the number of letters going out to people will significantly increase, expanding to other priority groups.*

*The letter that people will receive also explains that people may have also been contacted by their GP services and if they have, make it clear that they can choose to book through their GP services or through the national booking service.*

***Ensuring patients can access the service when they need to***

*In line with the process already in place for other vaccination services, the NHS will contact people when it is their turn to book their vaccine.*

*It will not be possible to use the NHS Covid-19 Vaccination Booking Service if you haven’t received an invitation letter. Doing so risks someone who has not being able to get through and book their appointment.*

*It will also not be possible to get a vaccine at a Vaccination Centre or Community Pharmacy without an appointment. Doing so risks disrupting the work of NHS staff in protecting those at highest risk.*

*ENDS*

# **Insight to inform communications**

The vast majority of people are optimistic about the vaccine and intend to get it when they are offered it – particularly so among those who are in the priority groups.

Among the minority who are less sure about the vaccine, there are some common themes around hesitancy. It is important to avoid repeating, reminding or spreading concerns wherever possible, but the NHS and its staff should be playing a part in the response to them and supporting the cross-Government campaign which seeks to address them.

To help in this, some of the chief concerns are summarised below, with some examples of how your organisation and you as comms professionals can help counter them:

* **Safety concerns** – this includes worries over side effects, the general safety of vaccines, and the ingredients used. Your organisation can help in this by sharing the content developed by PHE (linked to later in this pack) and others on your social media channels, and ensuring patient-facing staff are equipped with the information they need to reassure patients of the safety of the vaccine. Many of the Q&As later in this pack will also help with this, and they include some particular concerns articulated by Black, Asian and Minority Ethnic (BAME) staff and patient groups we are working with nationally.
* **Not being first** - some people who are unsure say they want to wait until others have had the vaccine first. Vaccinating organisations can help in this by sharing the stories of those who have already been vaccinated on social media and promoting these in local media too.
* **Don’t need it** – a small number of people don't think coronavirus poses enough of a risk to them, and so they don’t need a vaccine. Vaccinating organisations can help in this by being clear in invitations why the individual in question is in a priority group (see draft national letter later in this pack).
* **It won’t work** – a smaller number of people are not convinced that the vaccine will be effective. As above, all organisations can help in this by sharing the content developed by PHE (linked to later in this pack) and others on your social media channels, and ensuring patient-facing staff are equipped with the information they need to reassure patients of the high level of efficacy of the vaccine.

**Considerations for communicating with Black, Asian and minority ethnic communities about the vaccine**

The key messages about the vaccine are the same for all.

However, some communities may have specific concerns which should be taken into consideration when delivering messages about the vaccine.

This table provides a summary of the key concerns of commonly hesitant groups and which messages should be highlighted in communications to which groups.

This information comes from insight gathered by PHE and Multicultural Marketing Consultancy.

|  |  |  |
| --- | --- | --- |
| **Community** | **Key Concern(s)** | **Key things to highlight in communications** |
| Black African / Caribbean | General mistrust, intentions of the vaccine, side effects | Details on who was involved in clinical trials  Clarity on side effects and safety |
| Muslim | Ingredients in the vaccine | Clarity on ingredients |
| Polish | General mistrust, intentions of the vaccine | Details on MHRA approval  Details on how the vaccine was developed so quickly |
| Ultra-orthodox Jewish | Ingredients in the vaccine and permissible by religion | Clarity on ingredients  Support from faith leaders |

The FAQ section later in this pack provides information covering the topics to highlight. We are working nationally with faith leaders to secure supportive statements, but you may wish to do this locally too.

Further tips on communicating to different audiences include:

1. Ensure message is delivered in an authentic, relatable way through a raft of credible and relatable influencers.
2. Ensure message is culturally appropriate and is in the right tone and/or language.
3. Engage with groups that know your audience and work with them to co-create messages and content. i.e. staff networks (BAME, Muslim etc), community organisations, religious groups, voluntary groups etc

There are some specific nationally-created resources which you may find useful for these purposes:

* PHE are translating patient leaflets into various different languages which will be available through their ordering service over the coming days and weeks.
* There is a section on Commslink which includes social media assets designed for communicating with BAME audiences including, infographics, quote cards and video. The direct link is: <https://future.nhs.uk/CommsLink/view?objectId=24858064>

# **Social media guidance**

Since the beginning of the vaccine rollout organisations involved have created and shared excellent content across social media platforms, and we would encourage you to continue doing this. Below is a summary of what we recommend you prioritise in terms of content:

* **Vaccine confidence and ‘the NHS will contact you when it’s your turn to be vaccinated’ messaging**

Colleagues can use the campaign resource centre to access social media assets and messaging to promote this.

Link: <https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/>

* **Images of patients before/after receiving their jab, supported with quotes**

To help shape quotes, you may wish to ask them: *What does it mean to you to receive your vaccination?*

Highlight they were contacted by the NHS to get their vaccine

Message to staff involved in the vaccination programme i.e. share their thanks

* **Images and short clips (subtitled) of staff who have been administering or receiving the vaccine**

To help shape quotes, you may wish to ask them: *What does it mean to be part of the biggest vaccination programme in NHS history? What does it mean to you to receive your vaccination?*

It would be useful in these to profile the range of people working in your vaccination service – e.g. experienced vaccinators, retrained staff, new recruits/returners and volunteers – and ask them to highlight how the training they have done means they can administer the vaccine safely. Where you have local recruitment ongoing you may also wish to include a link to jobs pages etc.

Please make sure videos are shot in landscape, in a well-lit area, include subtitles and for maximum engagements, kept to 30 secs to 1 minute in length. Please ensure your profiles of both staff and patients feature people from a range of backgrounds, occupations and ethnicities to help build confidence across as wide an audience as possible.

**Further considerations:**

* While the priority groups for vaccination remain people aged 80 and over, residents and staff of care homes and health and social care workers, please do not post content of others receiving their vaccine.
* We know that celebrities who are in the priority groups will be called in for vaccination. Please let your regional NHSEI communications team know about these cases in advance so activity can be planned.
* For security reasons, please do not post any content of vaccine supplies being delivered – particularly where this might include individuals or vehicles involved in the supply chain. This also applies to deliveries of supporting equipment.
* Social media is never the right place to raise concerns around the programme or announce rescheduling of appointments; this is not productive and doing so runs the risk of contributing to vaccine hesitancy. Everyone involved in the programme will have direct contact details for the right place to raise any issues, and patients should be contacted directly where rescheduling needs to take place.

# **Dealing with complaints and early requests for vaccination**

We are aware that some services have been experiencing calls and other enquiries from members of the public who have not yet been invited asking for details of how to book their vaccination.

The following text is based on the script of a recorded message which has been added on to the front of 111 calls in some parts of the country, which you may wish to adapt for your organisation.

It is particularly important that call handlers **do not** refer callers to NHSEI regional teams or the customer contact centre, who are not able to assist with these requests, as doing so risks increasing any frustration that patients may be feeling.

*BEGINS*

*We cannot answer COVID-19 vaccine enquires or manage vaccination bookings on this number.*

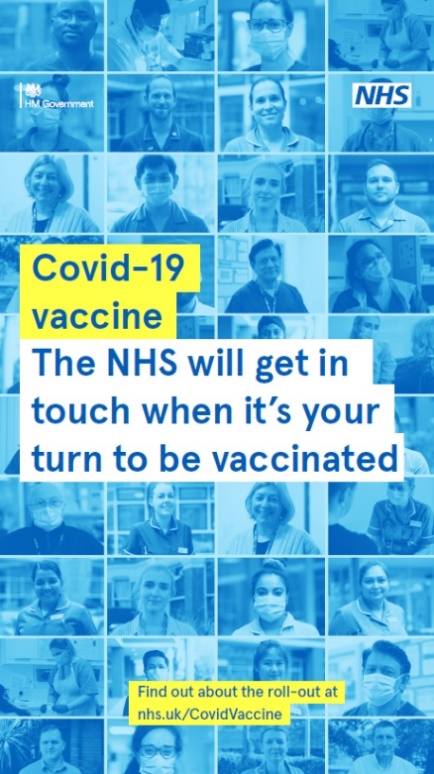
*The NHS is prioritising vaccinating those people who experts have agreed will benefit from it the most. We will let you know when it is your turn to book your vaccination.*

*In the meantime, you can get information about the COVID-19 Vaccination online at* [*www.nhs.uk/covidvaccination*](http://www.nhs.uk/covidvaccination)*.*

*ENDS*

Additionally, we have created a specific graphic for use on social media, websites etc which you may wish to deploy.

These are available on the Campaign Resource Centre here: <https://coronavirusresources.phe.gov.uk/covid-19-vaccine/resources/additional-social/>



In some cases we are aware that frustration about not yet having received the first dose, or the new guidance on the second dose, are leading to complaints.

We have therefore developed the template letters below you may wish to adapt locally for responding to formal complaints. You may also wish to draw on these for verbal scripts.

**Delay in getting my second dose letter**

*Dear X*

*Thank you for sharing your concerns about your second dose of the Covid-19 vaccine being delayed.*

*I fully understand that some people who have had the first dose are both keen and anxious to get their second as soon as possible to get maximum protection from the virus, and that the delay is not what you were expecting.*

*To explain, the NHS is following new guidance from the Government’s expert advisors which says that prioritising a first dose for as many people as possible will save more lives.*

*This is because even with just one dose [the Pfizer/BioNTech vaccine has been estimated to offer 89% effectiveness from two weeks after it is given / the Oxford/AstraZeneca has been estimated to offer 74% effectiveness from two weeks after it is given – delete as appropriate].*

*As the Deputy Chief Medical Officer, Jonathan Van Tam, has said: “The evidence clearly shows vaccinated individuals get almost complete protection after the first dose. Simply put, every time we vaccinate someone a second time, we are not vaccinating someone else for the first time. It means we are missing an opportunity to greatly reduce the chances of the most vulnerable people getting severely ill from Covid-19. If a family has two elderly grandparents and there are two vaccines available, it is better to give both 89 per cent than to give one 95 per cent protection with two quick doses, and the other grandparent no protection at all.”*

*Our ambition, if supplies allow, is to have offered vaccines to the most vulnerable 13 million people by the middle of February.*

*Therefore, as a key part of the national effort to protect as many people in at-risk groups as quickly as possible, booster doses will now be delivered within 12 weeks of the first dose. We will be in touch to reschedule your second dose as soon as possible.*

*Thank you again for getting in touch and I hope this reply is satisfactory.*

*Yours sincerely,*

*XXX*

**When will I get my vaccine template letter**

*Dear X*

*Thank you for getting in touch about your concerns on access to Covid-19 vaccines.*

*We know that lots of people who fall in to the* [*priority groups*](https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020) *for vaccination recommended by the Joint Committee on Vaccination and Immunisation (JCVI) are both keen and anxious to get their vaccination as soon as possible to protect themselves, their families and others.*

*I can assure you that my colleagues right across the NHS have and continue to work as fast as they can to make that happen in the short time since the first vaccine was made available to the NHS.*

*Over December supplies of the Pfizer/BioNTech vaccine have been limited, and combined with the requirement to reserve a second dose for every first dose received, this has meant that the pace of roll out in the NHS has needed to be slower and short of what the NHS needs to enable all of the millions of people in the top priority groups to be vaccinated, which are currently people aged 80 and over, and those who live or work in care homes.*

*However, with the second (Oxford-AstraZeneca) vaccine now available, and new guidance from the Government’s expert advisors prioritising a first dose for as many people as possible, rather than providing two doses in as short a time as possible (everyone will still receive their second dose, but this will now be within 12 weeks of their first dose rather than the current 3-4 weeks) this means we expect the pace of vaccination to increase significantly over the coming days and weeks, as vaccines supplies allow. This will also mean vaccination can be extended to other priority groups recommended as supplies increase.*

*While we are asking all individuals in the priority groups to be patient, it should therefore not be very long at all before those in the top priority groups [you or your family members] are contacted by the NHS to book an appointment to receive your vaccination, which will provide a high level of protection within two weeks of you receiving it. Our ambition, if supplies allow, is to have offered vaccines to the most vulnerable 13 million people by the middle of February.*

*You will be contacted directly by letter or phone and so you don’t need to do anything to register your eligibility.*

*Thank you again for getting in touch and I hope this reply is satisfactory.*

*Yours sincerely,*

*XXX*

Where complaints look like they will be escalated to NHSE/I you can share the following copy.

*If you are not satisfied, the next stage in the complaints process is to refer this to NHS England. There are a number of ways you can do this:*

***By post*** *to:*

*NHS England*

*PO Box 16738*

*Redditch*

*B97 9PT*

***By email*** *to:* [*england.contactus@nhs.net*](mailto:england.contactus@nhs.net)

*Please state: ‘For the attention of the complaints team’ in the subject line.*

***By telephone****: 0300 311 22 33*

*Opening hours are: 9am to 5pm Monday to Friday, except Wednesdays when the line opens at the later time of 9.30am. This service is closed on bank holidays.*

*Please provide as much information as possible to allow NHS England to investigate your complaint. Include the following:*

* *your name and a valid email or home address for reply*
* *a phone number in case we need to contact you for additional information*
* *the name, location, and postal address (if you know it) of the service you want to complain about*
* *a clear description of what you want to complain about and when this happened*
* *any relevant correspondence*

ENDS

Public Health England have also produced a leaflet/guide you may wish to use to help explain why people may not have been invited for a vaccine yet.

This is available here: <https://www.gov.uk/government/publications/covid-19-vaccination-why-you-are-being-asked-to-wait>

# **Dealing with offers of help from businesses**

Many colleagues will have had experience in the first wave of the virus of a significant appetite from businesses to help – whether in a paid or voluntary capacity or with donations of goods.

Largely these should be dealt with at local level in line with the existing processes you have in place. Where you are considering taking up an offer it is not generally advised to allow your organisation’s name to be used in PR opportunities for the company concerned, particularly where the effort and staff time involved is disproportionate to the value of the donation or assistance (e.g. where a caterer delivers 100 meals to one site that then require significant staff time to distribute equitably). If in any doubt, please discuss such offers with your regional NHSE/I comms team.

For larger offers you may be approached with, particularly where these are from high profile businesses, the Department for Business, Energy and Industrial Strategy (BEIS) have set up a dedicated email account to receive and field offers: [vtf.support.offers@beis.gov.uk](mailto:vtf.support.offers@beis.gov.uk)

Any email sent to this address will receive a reply of thanks, and an assurance that details of the offer will be passed to contacts in the relevant Government agency or department for follow up.

# **Helping your patients avoid fraud**

There have been a small number of reports of people being targeted by scams related to the vaccine.

Since the last version of this pack we have been working nationally with law enforcement agencies and other Government departments to understand the scale of the problem and develop joint messages in response.

We have therefore refined the messaging below, which can continue to be used as necessary by local organisations. We are also expecting graphics and other assets to be developed shortly, which we will include in future packs.

*BEGINS*

*We are aware that some people are receiving suspicious calls and text messages offering the COVID-19 vaccination.*

*Coronavirus vaccines are only available on the NHS. You can be contacted by the NHS, your employer, or a GP surgery local to you, to receive your vaccine. Remember, the vaccine is free of charge. At no point will you be asked to pay.*

*- The NHS will never ask you for your bank account or card details.*

*- The NHS will never ask you for your PIN or banking password.*

*- The NHS will never arrive unannounced at your home to administer the vaccine.*

*- The NHS will never ask you to prove your identity by sending copies of personal documents such as your passport, driving licence, bills or pay slips.*

*If you receive a call you believe to be fraudulent, hang up. If you believe you have been the victim of fraud or identity theft you should report this directly to* [*Action Fraud*](https://www.actionfraud.police.uk/covid19) *on 0300 123 2040. Where the victim is vulnerable, and particularly if you are worried that someone has or might come to your house, report it to the Police online or by calling 101.*

*ENDS*

There have also been reports of patients who have been invited by text message not trusting that the message is legitimate. If your organisation is using text messages to invite patients in, we highly recommend that these messages include personal information to build trust, for example beginning with the sentence:

*This is a message for [name], date of birth [DOB], from [organisation name].*

# **Promoting staff health and wellbeing**

Looking after our staff is now more important than ever.

Each organisation will have its own staff physical and mental health offer which you will be promoting regularly.

Additionally, the NHS has created a comprehensive national health and wellbeing package to support our NHS people through the COVID-19 pandemic and beyond.

The support offer is for you and your teams and comprises of a range of helplines, apps, self-help resources and virtual spaces, as well as training, coaching and guidance.

The national health and wellbeing support offer has been accessed by our NHS people over 620,000 times since its launch in April.

To access support please visit [people.nhs.uk](https://people.nhs.uk/) and encourage all colleagues to do the same if and when they need help.

The graphic below can also be used to promote the national offer.



# **Supporting local recruitment**

Recruitment campaigns by national and regional teams have resulted in tens of thousands of applications and a healthy pipeline of new vaccinators ready to join existing staff in ramping up services in line with available doses.

We know that in some areas the success of this recruitment has led to longer than usual times to process applications. Support is being arranged regionally to add extra processing capacity for those teams with the highest numbers of applicants.

In order to maintain the interest of candidates in the pipeline and confidence in the process, we recommend working with your local HR team to agree sending ‘update’ comms to applicants on a rolling basis as required. We recommend you refresh this content on a fortnightly basis as it is possible that some people may get two or more updates while they await a decision.

Below is draft text you may wish to base your first such update on.

*BEGINS*

***Your application to join the NHS COVID-19 vaccine team***

*Thank you for applying for a position as part of the COVID-19 vaccination progamme.*

*We have had a very positive response to the roles we have advertised for and our teams are working hard to process them all as soon as possible. We appreciate your patience as you wait to hear from us.*

*As you will have seen, the vaccine programme has made a great start, and with additional vaccines now available, teams across the NHS locally and nationally stand ready to deliver as many doses as we receive over the coming weeks. This will however be a long term project and we are still bringing new staff on board to ensure we can do this at the same time as caring for all those who need it.*

*For now you do not need to do anything until you are contacted by the team. If you would like to stay updated on programme information, you can check the NHS webpages or follow our social media accounts:*

*NHS news updates on COVID-19 vaccinations (includes news on other NHS updates too) - https://www.england.nhs.uk/news/*

*Follow us on Twitter [enter handle], Instagram [enter handle] etc*

*We will be in touch as soon as possible about your application and once again, thank you for coming forward to help the NHS deliver this vital protection to people in our area.*

*Kind regards –*

*[Lead employer COVID-19 vaccination programme lead]*

*ENDS*

# **FAQs**

The following can be used as a guide to craft answers to frequently asked questions you are receiving. **They are not intended to be published in full.**

**Most popular**

**What vaccine for COVID-19 is currently available?**

Both the Pfizer/BioNTech and Oxford/AstraZeneca COVID-19 vaccines are now available. Both vaccines have been shown to be safe and offer high levels of protection, and have been given regulatory approval by the MHRA.

The Government has in principle secured access to seven different vaccine candidates, across four different vaccine types, totalling over 357 million doses. This includes:

* 40 million doses of the BioNTech/Pfizer vaccine
* 100m doses of the Oxford/AstraZeneca vaccine.
* 7 million doses of the Moderna vaccine, which has been approved by the MHRA but is not expected to be delivered to the NHS until Spring.

**Is the NHS confident the vaccines are safe?**

Yes. The NHS will not offer any Covid-19 vaccinations to the public until independent experts have signed off that it is safe to do so.

The MHRA, the official UK regulator, have said that both of these vaccines have good safety profiles and offer a high level of protection, and we have full confidence in their expert judgement and processes.

As with any medicine, vaccines are highly regulated products.

There are checks at every stage in the development and manufacturing process, and continued monitoring once it has been authorised and is being used in the wider population.

**Will vaccines still be provided/can I still attend my appointment during the national lockdown?**

Yes. Getting the COVID-19 vaccine, or any other vaccine, is an important medical appointment and so is within the rules wherever you live. Vaccinations will continue as normal in all areas through the national lockdown and beyond. If you have booked or are offered an appointment, please attend it.

The place that you choose to have your vaccine will keep you safe from COVID-19 through a range of measures including cleaning and disinfecting and having social distancing in waiting areas. Please also wear a face covering to your appointment. You should also take the usual steps to minimise your risk as you travel to your appointment.

**Will the vaccines work with the new strains?**

There is no evidence currently that the new strains will be resistant to the vaccines we have, so we are continuing to vaccinate people as normal. Scientists are looking now in detail at the characteristics of the virus in relation to the vaccines. Viruses, such as the winter flu virus, often branch into different strains but these small variations rarely render vaccines ineffective.

**Why are you postponing second doses?**

The [UK Chief Medical Officers have agreed](https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines) a longer timeframe between first and second doses so that more people can get their first dose quickly, and because the evidence shows that one dose still offers a high level of protection after two weeks – 89% for the Pfizer/BioNTech vaccine and 74% for the Oxford/AstraZeneca vaccine.

This decision will allow us to get the maximum benefit for the most people in the shortest possible time and will help save lives.

Getting both doses remains important so we would urge people to return for it at the right time.

**Why are healthcare workers amongst the first groups to receive the vaccine?**

The JCVI have put patient-facing health and social care staff into a priority group because of their heightened risk of exposure to the virus. Healthcare workers are not the top priority though, and with limited vaccine available up to now, employers have been asked to offer the vaccine to the most at risk healthcare workers first. With many more doses now expected over the coming weeks, employers will be widening this out and protecting staff as soon as possible.

The NHS is experienced in vaccinating hundreds of thousands of staff quickly and safely – we do it every year for the flu vaccine – and all local NHS employers will be responsible for ensuring that 100% of eligible staff have the opportunity to take it up over the coming weeks and months.

**How will healthcare workers get the vaccine?**

The NHS will offer vaccinations using different models. For healthcare workers, most will get vaccinated either at their own work or a local hospital.

**What about the Moderna vaccine? Why is this available in the USA but not here?**

The MHRA have now decided – after extensive assessment – that the Moderna vaccines are safe and effective. The Government provisionally ordered several million doses of this vaccine ahead of it being approved, but we don’t expect Moderna to be able to make these available until Spring 2021.

**Will you use the Oxford/AstraZeneca vaccine more because it’s cheaper and easier to store?**

The vaccines that the NHS uses and in what circumstances will be decided by the MHRA. Both vaccines are classed as being very effective. The Oxford/AstraZeneca is easier to store and transport, meaning we can deliver them in more places, and we expect to have more doses available as they are manufactured in the UK, so we would expect that most people are likely to receive this vaccine over the coming weeks and months.

**Should people who have already had Covid or are suffering from ‘Long Covid’ get vaccinated?**

Yes, if they are in a priority group identified by JCVI. The MHRA have looked at this and decided that getting vaccinated is just as important for those who have already had Covid-19 as it is for those who haven’t, including those who have mild residual symptoms. Where people are suffering significant ongoing complications from Covid they should discuss whether or not to have a vaccine now with a clinician.

**Do I need to leave a space between having the flu vaccine and having the Covid vaccine?**

It is not essential to leave time between the flu and Covid vaccine but it is recommended that there should be a gap of a week.

We would always encourage anyone who is eligible but not yet taken up their flu jab to do so as soon as possible.

**Can people pick what vaccine they want?**

No. Any vaccines that the NHS will provide will have been approved because they pass the MHRA’s tests on safety and efficacy, so people should be assured that whatever vaccine they get, it is worth their while.

**If a household has a priority group member, such as an NHS frontline worker or vulnerable person, will everyone living in that household be vaccinated together?**

These decisions are for the JCVI. Their current prioritisation plan does not include household members of NHS staff or clinically vulnerable people automatically – although in some cases family members may be eligible in their own right.

**How much does each vaccine cost the NHS?**

The Government is securing vaccine stocks so they will not directly cost the NHS anything.

**Can I get one privately?**

No. Vaccinations are only available through the NHS. You can be contacted by the NHS, your employer, or a GP surgery local to you, to receive your vaccine. Remember, the vaccine is free of charge.

- The NHS will never ask you for your bank account or card details.

- The NHS will never ask you for your PIN or banking password.

- The NHS will never arrive unannounced at your home to administer the vaccine.

- The NHS will never ask you to prove your identity by sending copies of personal documents such as your passport, driving licence, bills or pay slips.

If you receive a call you believe to be fraudulent, hang up. If you believe you have been the victim of fraud or identity theft you should report this directly to [Action Fraud](https://www.actionfraud.police.uk/covid19) on 0300 123 2040. Where the victim is vulnerable, and particularly if you are worried that someone has or might come to your house, report it to the Police online or by calling 101.

**Does the NHS have capacity to deliver both vaccines or will one have to be prioritised?**

The NHS has already vaccinated more than a million people in the highest priority groups and has planned extensively to ensure that we can continue to ramp up the programme based on the number of doses that are available to us. The Oxford/AstraZeneca vaccine is easier to transport and store, and is available in larger quantities, so it is likely that most people will receive this vaccine.

**Is one better than the other?**

The important point for any vaccine is whether the MHRA approves it for use – if it does then that means it’s a worthwhile vaccine to have and people should have it if they are eligible.

**Is one easier to deliver?**

All vaccines present different logistical requirements, but the NHS has been planning for all eventualities, and people should be assured that the vaccine they will be offered is available because it has been assessed and approved by experts as being safe and effective.

**Who gets the vaccine first?**

The Joint Committee for Vaccination and Immunisation (JCVI) published its detailed advice here: https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020

In line with this guidance, in this initial phase vaccines will be prioritised for those 80 years of age and over, those who live and work in care home, and frontline health and social care staff.

Our ambition, if supplies allow, is to have offered vaccines to the most vulnerable 13 million people by the middle of February.

**Has the MHRA approved care home jabs?**

Yes, this has been approved and the NHS has been working through the delivery mechanism to ensure we can safely break up batches, transport it and deliver it in care homes. The roll out to care homes has now started and our ambition, if supplies allow, is to have offered vaccines to all residents, as part of the most vulnerable 13 million people, by the middle of February.

**Who is getting vaccinated now?**

Vaccinations in England started on 8 December, with Margaret Keenan becoming the first person to be vaccinated in Coventry.  Across the country, care home staff, those aged 80 years of age and over, as well as NHS staff considered to be a risk will be offered vaccination in line with JCVI recommendations, and we are now rolling out vaccines in care homes. Figures on the number of people vaccinated are published weekly and can be found here: <https://coronavirus.data.gov.uk/details/healthcare>

Our ambition, if supplies allow, is to have offered vaccines to the most vulnerable 13 million people by the middle of February.

**Can any member of the public be vaccinated? Can they just walk in to a service?**

People will be offered vaccinations in line with recommendations from the independent JCVI.  The NHS will contact people when it is their turn.  People will need an appointment to get their vaccine; most people will be invited by letter from their GP practice or the national programme.

**Why aren’t BAME groups being prioritised?**

There is clear evidence that certain Black, Asian and minority ethnic (BAME) groups have higher rates of infection, and higher rates of serious disease and mortality. The reasons are multiple and complex.

There is no strong evidence that ethnicity by itself (or genetics) is the sole explanation for observed differences in rates of severe illness and deaths. What is clear is that certain health conditions are associated with increased risk of serious disease, and these health conditions are often overrepresented in certain Black, Asian and minority ethnic groups.

Prioritisation of people with underlying health conditions will also provide for greater vaccination of BAME communities who are disproportionately affected by such health conditions.

Tailored local implementation to promote good vaccine coverage in Black, Asian and minority ethnic groups will be the most important factor within a vaccine programme in reducing health inequalities in these groups.

The NHS will provide advice and information at every possible opportunity, including working closely with BAME communities, to support those receiving a vaccine and to anyone who has questions about the vaccination process.

Throughout the pandemic increasing attention has been given to reducing health inequalities and we have invested more than £4 million into research into Covid-19 and ethnic disparities so that we can go further.

**Vaccine safety and efficacy**

**Is the NHS confident the vaccine is safe?**

Yes. The NHS will not offer any Covid-19 vaccinations to the public until independent experts have signed off that it is safe to do so.

The MHRA, the official UK regulator, have said these vaccines are safe and highly effective, and we have full confidence in their expert judgement and processes.

As with any medicine, vaccines are highly regulated products.

There are checks at every stage in the development and manufacturing process, and continued monitoring once it has been authorised and is being used in the wider population.

The MHRA recommend that those with severe allergies to the ingredients of the vaccines should not receive them.

**Are there any side effects?**

These are important details which the MHRA always consider when assessing candidate vaccines for use.

For these vaccines, like lots of others, they have identified that some people might feel slightly unwell, but they report that no significant side effects have been observed in the tens of thousands of people involved in trials.

All patients will be provided with information on the vaccine they have received, how to look out for any side effects, and what to do if they do occur, including reporting them to the MHRA.

More information on possible side effects can be found at <https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

**When will you publish vaccine ingredients?**

A detailed review of the vaccines and their ingredients have been provided by the MHRA and can be found at the following links:

For the Pfizer/BioNTech vaccine information is available here: <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

For the Oxford/AstraZeneca vaccine information is available here: <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>

The British Islamic Medical Association have produced a helpful guide for the Muslim community which can be found at <https://britishima.org/pfizer-biontech-covid19-vaccine/>

**What about the allergic reactions that have been reported?**

These vaccines are safe and effective for the vast majority of people – they have been tested on tens of thousands of people and assessed by experts.

Any person with a history of immediate-onset anaphylaxis to the ingredients contained in the vaccines should not receive them. A second dose of the Pfizer/BioNTech vaccine should not be given to those who have experienced anaphylaxis to the first dose of Pfizer/BioNTech vaccination.

Everybody will also be screened for potential allergic reactions before getting vaccinated. All vaccinators will have the training they need to deal with any rare cases of adverse reactions, and all venues will be equipped to care for people who need it – just like with any other vaccine.

**Has the guidance on allergies changed?**

The original MHRA advice was that anybody with a known allergy to specific ingredients in the vaccine should not be vaccinated. This was temporarily widened but the guidance has now reverted to this.

Checking for allergies is a routine part of the process before giving any vaccine or new medicine. Having these conversations – as well as being able to deal with allergic reactions in the rare case they do happen, is a central part of training for vaccinators. But these are new vaccines and so the NHS and the MHRA are being extra vigilant and responding quickly to ensure everyone across the NHS is totally clear on these requirements.

**How effective are the vaccines?** **How long do they take to work?**

The MHRA have said these vaccines are highly effective, but to get full protection people need to come back for the second dose – this is really important.

To ensure as many people are vaccinated as quickly as possible, the Department for Health and Social Care now advise that the second dose of both the OxfordAstraZeneca and the Pfizer/BioNtech vaccine should be scheduled up to 12 weeks apart.

Full protection kicks in around a week or two after that second dose, which is why it’s also important that when you do get invited, you act on that and get yourself booked in as soon as possible. Even those who have received a vaccine still need to follow social distancing and other guidance.

**What happens if a person has the first jab but not the second?**

Both vaccines have been authorised on the basis of two doses because the evidence from the clinical trials shows that this gives the maximum level of protection.

To ensure as many people are vaccinated as quickly as possible, the Department for Health and Social Care now advise that the second dose of both the Oxford/AstraZeneca and the Pfizer/BioNtech vaccine should be scheduled up to 12 weeks apart.

The evidence doesn’t show any risk to not having the second dose other than not being as protected as you otherwise would be. We would urge everyone to show up for both of their appointments for their own protection as well as to ensure we don’t waste vaccines or the time of NHS staff.

**How will you monitor safety?  Are we using the yellow card system?**

As will all vaccinations and medicines, patient safety is the NHS number one priority.  Public Health England have robust systems in place to monitor surveillance and will be following incident reporting protocols in the usual way.

**As a temporary authorised product what pharmacy 'supervision' or 'oversight' will be needed as part of the POD model?**

The prescriber takes responsibility for the delivery.  Further information on this is set out in a letter to NHS Trust Chief Pharmacists from Dr. Keith Ridge CBE Chief Pharmaceutical Officer for England on 4 December 2020, which can be found here <https://www.england.nhs.uk/coronavirus/publication/covid-19-vaccination-governance-handling-and-preparation-of-vaccines-in-hospital-hubs-and-vaccination-centres/>

**How were vaccines developed so quickly?**

Medicines including vaccines are highly regulated – and that is no different for the approved COVID-19 vaccines. There a number of enablers that have made this ground-breaking medical advancement possible and why it was possible to develop them relatively quickly compared to other medicines;

1. The different phases of the clinical trial were delivered to overlap instead of run sequentially which sped up the clinical process;
2. There was a rolling assessment of data packages as soon as they were available so experts at the MHRA could review as the trial was being delivered, ask questions along the way and request extra information as needed – as opposed to getting all information at the end of a trial;
3. clinical trials managed to recruit people very quickly as a global effort meant thousands of people were willing to volunteer.

**Were the trial participants reflective of a multi-ethnic population?**

The Public Assessment Reports contain all the scientific information about the trials and information on trial participants.

For the Pfizer trial, participants included 9.6% black/African, 26.1% Hispanic/Latino and 3.4% Asian.

For the Oxford/AstraZeneca vaccine 10.1% of trial recipients were Black and 3.5% Asian.

There is no evidence either of the vaccines will work differently in different ethnic groups.

**Were the vaccines tested on high risk groups?**

For both vaccines trial participants included a range of those from various ages, immune-compromised and those with underlying health conditions, and both found the efficacy of the vaccine translates through all the subgroups.

Details of trial participants for both vaccines are published online.

For the Pfizer/BioNTech vaccine information is available here: <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

For the Oxford/AstraZeneca vaccine information is available here: <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>

**Does the vaccine include any parts from foetal or animal origin?**

No. There is no material of foetal or animal origin in either vaccine. All ingredients are published in healthcare information on the MHRA’s website.

For the Pfizer/BioNTech vaccine information is available here: <https://www.gov.uk/government/publications/regulatory-approval-of-pfizer-biontech-vaccine-for-covid-19>

For the Oxford/AstraZeneca vaccine information is available here: <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca>

**Can the vaccine alter your genetic material?**

There is no evidence to suggest that individual genetic material will undergo an alteration after receiving the vaccine

**How does the vaccine work?**

The vaccine works by making a protein from the virus that is important for creating protection.

The protein works in the same way they do for other vaccines by stimulating the immune system to make antibodies and cells to fight the infection.

**How long will my vaccine be effective for?**

We expect these vaccines to work for at least a year – if not longer. This will be constantly monitored.

**Are there any groups that shouldn’t have the vaccine?**

People with history of a severe allergy to the ingredients of the vaccines should not be vaccinated.

The MHRA have updated their guidance to say that pregnant women and those who are breastfeeding can have the vaccine but should discuss it with a clinician to ensure that the benefits outweigh any potential risks.

**Does the vaccine work on those taking immune suppressants?**

Although the vaccine was not tested on those with very serious immunological conditions, the vaccine has been proven to be very effective and it is unlikely that the vaccine will have no effect at all on these individuals.

There may be a very small number of people with very complex or severe immunological problems who can’t make any response at all – but the vaccine should not do any harm to these individuals. Individuals meeting these criteria may want to discuss the vaccine further with their specialist doctor.

**What is being done to encourage vaccine uptake in black, Asian, minority ethnic and other disproportionately affected communities/groups?**

We understand that some communities have specific concerns and may be more hesitant in taking the vaccine than others. The NHS is working collaboratively with partners to ensure vaccine messages reaches as diverse an audience as possible and are tailored to meet their needs.

This includes engagement with community and faith-led groups, charities and other voluntary organisations.

**Operational plans**

**How is the NHS delivering vaccines?**

The NHS will offer vaccinations using three different models. In the first instance, dozens of NHS trusts are acting as **hospital hubs** where the vaccine can be stored safely and where many in the top priority groups – including the over 80s, care home workers and at-risk NHS staff – have been able to get vaccinated on site.

To make it as easy as possible for those who are eligible to access a vaccination safely, hundreds of **Local Vaccination Services** have been set up, with more due to start in the coming weeks.  These community and primary care-led services will vary based on local and logistical considerations but include GP practices, local authority sourced buildings or other local facilities, as well as roving teams who have started delivering it in care homes.

The NHS is also now establishing **vaccination centres,** where large numbers of people will be able to go and get vaccinated. These could be in local venues such as sports stadiums, racecourses, and concert venues that offer the physical space to deal with large numbers of people while maintaining social distancing.

**Do vulnerable people travel to get the vaccine or does it come to them?**

We are planning a mixed approach to ensuring that people who are eligible can get the vaccine safely. For care home residents and those who can’t leave home, this will involve roving community teams coming to them.

**How is the NHS ensuring that the vaccine won't be wasted?**

Our plans are based around ensuring that waste is minimised. For example, this includes clustering vaccinations in one GP practice or high volume sites, and ensuring that the numbers of people each facility is able to see in one week is in line with the stock they receive.

**How will patients be invited for a vaccination? How/when will they go for the second? Will this be at the same place/what happens if there is a delay in between?**

When it is the right time people will be contacted to make their appointments. For most people they will receive a letter either from their GP or the national booking system; this will include all the information they need, including their NHS number. Some services are currently also phoning and texting patients to invite them in.

We know lots of people will be eager to get protected but we would ask people not to contact the NHS to get an appointment until they are contacted.  The NHS is working hard to make sure those at greatest risk are offered the vaccine first.

When you book your first dose you will also be asked to book your second too. For most people this will be within three months of your first dose. The [UK Chief Medical Officers have agreed](https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines) this longer timeframe so that more people can get their first dose quickly, and because the evidence shows that one dose offers a high level of protection. Getting both doses remains important so we would urge people to return for it at the right time.

**How will GPs be told who to vaccinate?**

The JCVI have set criteria for who should get the vaccine in order of priority. GPs, working together with their partners at a local level, will call in or go out to patients based on the prioritisation of the JCVI, using their patient records and those of neighbouring practices. A national invite and recall system, drawn from GP patient records, will also be used.

**Vaccination centres and the national booking service**

**What time will the opening hours of vaccination centres be?**

Standard opening times for vaccination centres will be 8am – 8pm, seven days a week. To test the system and make sure the space is safe for visitors and staff, most vaccination centres in the first day or days may open slightly later.

**What vaccine are the centres using?**

Vaccination centres will be using the Oxford/AstraZeneca vaccine.

**When we will know what appointments are made for Monday?**

Local systems are already on with making sure patients and staff are booked in for Monday. Over the weekend, those who are eligible will start to receive a letter from the NHS and can call or book an appointment online.

**Who will receive a letter to book a vaccine appointment and how will this happen?**

People will start to receive booking letters from the NHS from Saturday 9 January, which will contain the details of how they can book online or by phone. Initially letters will be sent to people over the age of 80 that haven’t already been vaccinated and live within a reasonable travel distance of a Vaccination Centre. This will expand to other priority groups as more Vaccination Centres go live across the country.

**Who chose the centres and based on what criteria?**

The NHS local and regionally proposed sites based on a combination of geographical alignment to local health systems to ensure coverage, and the likelihood of the sites being ready in a timely fashion. In some cases, selections were made on population density within the region, and in other cases there was a consideration given to the number of existing vaccination services currently open and expected to open shortly in that area. This delivers a fair and equitable distribution of sites across the country.

**How many people will be vaccinated each day?**

All sites are different and some may be able to increase the volume of vaccinations they are able to deliver as they expand depending on supply of the vaccines and spread of vaccinators across the local area.

**Which groups will receive vaccine appointments letters?**

Letters will initially go to people aged 80 and over who live in reasonable travelling distance of the active locations, and who haven’t already been vaccinated through other NHS vaccination services. As more centres go live as supplies of the vaccine allow, we intend to open more Vaccination Centres and offer vaccines to the next priority groups.

**What if people can’t get to the Vaccination Centre?**

People who are housebound will be contacted by their GP services about alternative ways to get vaccinated. People can also wait until more locations closer to where they live become available. The NHS will follow up with people that haven’t booked their appointment, as a reminder.

**What staff and volunteers will be working in Vaccination Centres?**

The mix of staff will differ from site to site, but will broadly include vaccinators and clinical supervisors, as well as administrative staff and stewards to ensure the effective and safe operation of the service.

These will largely be new and existing paid NHS staff, but volunteers will also play an important role.

St John Ambulance are providing the following three volunteer roles to Vaccination Centres: Vaccinators, Post Vaccination Observation and Patient Advocate.

Volunteer Stewards, deployed through the NHS Volunteer Responder programme, will alsp support the patient journey.

**What are the operating hours of the telephone booking system?**

The telephone booking service will be open 16 hours a day (from 7am until 11pm), seven days a week. People will also be able to book online 24/7.

**I’ve received a letter but someone I live who is the same age hasn’t yet. Can we get vaccinated together?**

The NHS is inviting eligible people in a phased basis as supplies of the vaccine allow. It is important that you wait for your letter from the NHS, and you will not be able to book without one.

If you have received a letter and live with someone who is also eligible but has not received a letter, it is likely that theirs will follow shortly. If you like you can wait and book at the same time.

**What should people do if they can’t get through to the phone line straight away?**

At times, due to high demand, the phone line will get very busy, which may mean waiting on the line for a while or calling back later. People can alternatively book online.

If you need help to do this please ask someone in your support bubble.

Please do try the phone line again as well. We aim to speak to people as quickly as we can.

**Does this service work for people who don’t understand English well or are deaf?**

The phone line will have interpreters and a BSL facility available on request to help you book your appointments.

**What information will I need to book?**

You will need to provide your name, date of birth, postcode and ideally your NHS number, which will be included on your booking letter. If you have lost your letter or don’t have your NHS number, you may need to provide the name and postcode/postcode of the GP practice you are registered with – in this circumstance you should use the phone booking service.

**Can people book without their NHS number or if they aren’t registered with a GP?**

While the NHS will write to people based on their GP records, this doesn’t mean that people that don’t have an NHS number or aren’t registered with a GP won’t be able to get vaccinated through the programme.

It does however help to be registered with a GP to help the NHS check for any reasons that someone might not be able to have a vaccine, and ensure there is a record that both doses of the vaccine have been had. Details of how to register with a GP are available at: www.nhs.uk/nhs-services/gps/how-to-register-with-a-gp-surgery/

**How is the service ensuring people don’t fraudulently book an appointment?**

People will be asked to provide details of their identity at the time of booking, when they arrive for their appointment and before they are vaccinated.

**Workforce**

**How many vaccinators do we need?**

Nationally there will be tens of thousands of people required to vaccinate people at the pace and scale that we need to, which is why as well as the existing NHS workforce recruitment is ongoing.

**Who will they be?**

They will either be existing NHS staff or those recruited by the NHS specifically for the programme – including former staff and clinicians who have been working outside the NHS. There are a number of roles within the vaccination programme and these will require different levels of qualifications and experience.

Legislation allows a wider group of people to administer vaccines, including more health care professionals as well as others who have passed a programme of training developed by PHE and HEE. New vaccinators will be assessed in person and closely supervised to ensure their and patients’ safety.

**Are they qualified? What is the training?**

PHE and HEE have compiled comprehensive training which includes anaphylaxis and Basic Life Support training, injection administration, training on vaccines in general and the specific ones that will be used.  Importantly new vaccinators will be supervised and assessed by senior clinicians to ensure both their safety and of course the safety of the people they are vaccinating – just like any other vaccinator.

**Will this create staff absences?**

Our planning will ensure that this doesn’t affect other services in hospitals and in GP and community services, by drawing on a wider pool of experienced NHS professionals.  By drawing on the NHS Bring Back Scheme, recruiting new vaccinators from amongst a wider group of healthcare professionals and others who complete training, and using independent Occupational Health providers, we can ensure vital services are maintained.

**How will they maintain routine care and treatment?**

The NHS has decades of experience of delivering vaccinations and other important public health interventions alongside all other services. While this is going to require a significant effort from all parts of the system we are determined that it should have minimal impact on other important services, which is why we are recruiting thousands of additional staff and volunteers to help run vaccination services.

**How many jabs can one staff member deliver in a day?**

This will vary depending on who they are vaccinating and where.

**Will there be volunteers?**

Yes, there will be a number of roles for volunteers. Training and deployment of volunteer vaccinators is being led by St John Ambulance. Volunteers will also be helping with other roles, including stewarding and logistics, and the Royal Voluntary Service are leading on recruiting for these roles through the NHS Volunteer Responders programme. All volunteers will receive training appropriate to their role – and for volunteer vaccinators they will be assessed and supervised by experienced clinicians.

**Will there be paid roles?**

Both paid staff and volunteers will be used as part of the vaccination programme. Pay rates vary depending on the role, but typically will be at Agenda for Change Band 4 or 5 level, with Band 6 roles for clinical supervisors.

**What type of roles are needed?**

Broadly roles will fit into three categories:

* **Managerial roles** – including Nursing or Registered Healthcare Professional (RHCP) manager, Medical Director and Operations Director (both roles for large vaccination sites only).
* **Healthcare roles** – including RHCP – Clinical Supervisor, RHCP – Draw-up & Clinical Assessment Immuniser, Post vaccination observation support and Basic Life Support
* **Administrative roles** - Vaccine Admin Support, Health care assistant (HCA), Patient advocacy volunteer role, Patient transport – volunteer role and stewards

**What pay band are the immunisation roles?**

The clinical roles, including the immunisation role, have been developed using AFC banding. These are:

* Band 4 Vaccinator role
* Band 5 Registered Health Care Professional
* Band 6 Registered Health Care Professional - Clinical Supervisor

**What PPE arrangements are in place for staff?**

Everyone involved in vaccination services will be given, and need to use, appropriate PPE, to ensure the safety of staff, volunteers and patients.

**How can people apply for a role?**

There are a number of routes through which people can get involved in either a paid or volunteer capacity. Information is available at england.nhs.uk/JoinVaccineTeam

**Will indemnities apply to new staff/volunteers?**

Yes, indemnities will apply. St John Ambulance have their own indemnity - they have confirmed that their current cover, includes giving vaccinations. If staff are employed by GPs then the CNS for GPs should apply. If employed by trusts then CNST would apply.

Legislation also means staff involved will have indemnity because the vaccine is unlicensed/temporarily authorised. Further details on indemnity are available here: <https://www.gov.uk/government/consultations/distributing-vaccines-and-treatments-for-covid-19-and-flu/outcome/government-response-consultation-on-changes-to-the-human-medicines-regulations-to-support-the-rollout-of-covid-19-vaccines#extending-immunity-from-civil-liability>

**How effective will the training be?**

Robust training is provided for all roles including rigorous supervision for vaccinators.  All new vaccinators get comprehensive training and undergo assessment, as they do with the annual flu vaccination programme.  The face to face vaccination training, led by senior clinical experts, includes vaccine administration, patient care, characteristics of Covid-19 vaccines and more.

**What training is provided nationally, regionally and locally?**

Covid-19 vaccine-specific training materials have been developed by PHE and all training materials are available online.

Relevant e-learning is available on the e-Learning for Healthcare platform, including a COVID-19 vaccine-specific e-learning programme. It will be up to individual/employer determination as to whether staff complete the e-learning and/or equivalent local training.

Locally, teams are responsible for delivering face to face training where appropriate (e.g. in immunisation, intramuscular injection administration and basic life support). The new Covid-19 training materials developed by PHE and HEE also need to be delivered locally either face-to-face or virtually.

**How will training be delivered? And for how long?**

Registered staff who are experienced vaccinators with up to date statutory/mandatory training and anaphylaxis/BLS training may only need half a day to complete the COVID-19 vaccination-specific training only. The duration of training for registered staff who are inexperienced in vaccination, and non-registered staff, will be dependent on their skills and prior experience. Non-registered staff will need a longer period of time to take training.

All staff will also need on-site onboarding which would take roughly half a day. Inexperienced vaccinators (both registered and non-registered) will require a suitable period of supervised practice until both the individual and the assessor agree they are competent; the length of time that this takes will be dependent on the individual.

**What are the training requirements for Covid-19 immuniser role?**

For staff to be signed off as being competent vaccinators they will need to complete:

* Immunisation training\*
* Covid-19 Vaccine-specific training
* Anaphylaxis and Basic Life Support training (unless completed in the past 12 months)
* Injection administration training\*
* Administering under a PGD or national protocol training
* A period of supervised practice to be signed off by the clinical supervisor (if inexperienced in vaccinating).

There will also be ‘on-site’ onboarding/induction specific to where someone is working and the role they are undertaking.

**Staff uptake**

**Why aren’t staff getting vaccinated now?**

They are, and many thousands already have been. In the first weeks the Government confirmed that the vast majority of vaccinations administered by the NHS in this initial phase should be prioritised for those 80 years of age and over and care home workers and residents.

However, during those weeks employers were asked to identify NHS staff who would benefit most – either due to medical conditions or the environment in which they work - to be prioritised for vaccinating where not doing so might result in doses going to waste. Many thousands of staff were vaccinated in this phase.

With many more doses now expected over the coming weeks, employers will be widening this out and protecting many more staff as soon as possible. Our ambition, if supplies allow, is to have offered vaccines to all frontline health and social care workers by the middle of February.

**How will staff be offered the COVID-19 vaccine?**

This will differ depending on where the staff work but in most cases it will be arranged directly through their employer or at a local hospital hub.

**Is it mandatory, and what happens if staff don’t want the jab?**

There are no plans for a COVID-19 vaccine to be compulsory. Just as they do with the winter flu vaccine, local NHS employers will be working hard to ensure 100% of eligible staff are able to get vaccinated, and that any concerns that staff have are answered. We are confident that the vast majority of our staff – as they do every year for the flu vaccine – will choose to protect themselves and their patients by getting the vaccine.

# **Campaign materials**

To help NHS organisations and communications teams with rolling out a COVID-19 vaccine campaign to staff, there is a suite of free print, digital and social campaign materials available on [PHE’s Campaign Resource Centre](https://campaignresources.phe.gov.uk/resources/campaigns), which are being regularly updated.

Various versions of the posters/collateral have been developed, with different call-to-actions to be used depending on vaccine availability.

Available resources include:

* Posters (including empty belly posters)
* Leaflets (which are being translated into 16 languages)
* Social media graphics
* Email signature
* Digital screens

Example lockup and poster below:

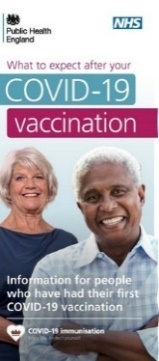
**Text

Description automatically generated **

**Immunisation publications and digital assets**

Leaflets, posters and immunisation resources on the COVID-19 vaccine are also available to download and use. This includes:

* Adult leaflet
* Healthcare workers leaflet
* Social care workers leaflet
* What to expect after your COVID-19 vaccination leaflet
* Why do I have to wait for my COVID-19 vaccine flyer
* Record card

These resources are available for download [here](https://www.gov.uk/government/collections/covid-19-vaccination-programme). You can also place orders for these resources via the [health publications website](https://www.healthpublications.gov.uk/Home.html).

Example leaflets here:

# **Branding guidance**

Please see embedded PDF for national guidance on branding. If you are unable to open it from this document, please see Commslink or ask your regional NHSEI team.



# **Useful links**

The Green Book chapter on COVID-19: <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

Information for UK healthcare professionals (Pfizer/BioNTech): <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940565/Information_for_Healthcare_Professionals_on_Pfizer_BioNTech_COVID-19_vaccine.pdf>

Information for UK healthcare professionals (Oxford/AstraZeneca): <https://www.gov.uk/government/publications/regulatory-approval-of-covid-19-vaccine-astrazeneca/information-for-healthcare-professionals-on-covid-19-vaccine-astrazeneca>

Priority groups for coronavirus (COVID-19) vaccination: updated advice from the JCVI: <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020>

Statement from the UK Chief Medical Officers on time between first and second dose: <https://www.gov.uk/government/news/statement-from-the-uk-chief-medical-officers-on-the-prioritisation-of-first-doses-of-covid-19-vaccines>

COVID-19 vaccination e-learning programme: <https://www.e-lfh.org.uk/programmes/covid-19-vaccination/>

# **Template copy for letter/email inviting staff to book vaccination**

Dear [First Name]

**Invitation to book your COVID-19 vaccination**

As a frontline worker in the NHS, you are more likely to be exposed to COVID-19 at work.

Getting your COVID-19 vaccination as soon as you can, should protect you and may help protect your family and those you care for.

Like all other medicines and devices, both COVID-19 vaccinations have been granted regulatory MHRA approval to ensure it is safe and effective.

The vaccines cannot give you COVID-19 infection, and while you will be given two doses over the coming weeks, analysis shows that the first dose alone will significantly reduce your chance of becoming seriously ill within two weeks.

However, whether you have had the vaccine or not, you will need to continue to follow all of the IPC guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes.

With high rates of COVID-19, it’s more important than ever to help stop the spread of coronavirus, to avoid pressure on the NHS and to keep our workforce healthy.

It is also important to remember the COVID-19 vaccine will not protect you against the flu.

If you have not done so already, please try to have your flu vaccine as soon as possible to help protect you, your family and patients this winter.

**Booking your vaccination appointment**

The below hospital hubs have been identified to administer the first vaccines for staff:

[Insert trust names]

[Insert appointment booking details]

Yours sincerely,

[Name]

**Further information**

You can find out why vaccination is safe and important here: <https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/>

# **Template comms for rescheduling second appointments**

The below can be used as a template for communications going to patients who have booked a second dose for after January 4th.

Dear [NAME]

**Rescheduling your second coronavirus (COVID-19) vaccine appointment**

Due to new advice from the UK Chief Medical Officers, we are writing to inform you that we need to reschedule your second coronavirus vaccination appointment. The new medical advice is that the second dose of the vaccine remains effective when given up to 12 weeks after the first dose, and should be given towards the end of this 12 week period.

While you will need two doses of the vaccine to get the best long-term protection from the virus, you will still have a high level of protection at 22 days after you received the first dose. The new guidance will also help ensure that as many people as possible benefit from the first dose of the vaccine as soon as possible. Please be reassured that there are no safety concerns in the new guidance, and it will not impact on how effective the vaccination is in protecting you from Covid-19 once the course is complete.

**You do not need to call us. We will call you to reschedule your second vaccine appointment.**

It is important to note that even when you have received your vaccine, you must continue to follow government guidance on social distancing and wearing a mask, as well as the additional measures in place in your area.

We apologise for any inconvenience, and look forward to seeing you for your second vaccine dose at the right time.

For more information on the vaccine, please visit [www.nhs.uk/covid-vaccination](http://www.nhs.uk/covid-vaccination)

Yours sincerely,

[Signatory]

**Data Protection statement**

**Key messages for phone calls**

* We are calling to reschedule your second coronavirus vaccination appointment. We would like to apologise for any inconvenience.
* This is because of new advice from the UK Chief Medical Officers. The new medical advice is that the second dose of the vaccine remains effective when given up to 12 weeks after the first dose, and should be given towards the end of this 12 week period.
* 2 doses of the vaccine are still needed to get the best protection from the virus, but significant protection is still provided at twenty two days after the first dose. New guidance will therefore help ensure that as many people as possible benefit from the first dose of the vaccine as soon as possible.
* There are no safety concerns in the new guidance where people have already had their second dose of the vaccine earlier than 12 weeks after their first dose.
* For more information on the vaccine, please visit [www.nhs.uk/covid-vaccination](http://www.nhs.uk/covid-vaccination)

**Template copy for text message**

Due to new national guidance, we will need to reschedule your second Covid-19 vaccine appointment to a later date. Please call us on XXXX XXXXX to rebook your appointment. We apologise for any inconvenience.

# **National letters**

We have in previous packs shared template letters for services to use in calling in patients. Included in this pack is the current national call/recall letters, which you may wish to cross-reference against your own templates. This letter has had input from patients, patient groups and clinicians at NHSEI and PHE.

**Please note this is for your guidance only.**

# Double-clicking this icon will open a PDF file.



# **Supporting the ongoing monitoring of the vaccine - the MHRA Yellow Card Vaccine Monitor scheme**

The MHRA are keen to get health and care workers who are receiving COVID-19 vaccinations to sign up to their Yellow Card Vaccine Monitor programme. This is one of the ways in which they are continuously monitoring the safety of COVID-19 vaccines. The MHRA are looking for approximately 10,000 individuals to sign up, including a mix from staff working in hospital Trusts, care homes and other health sectors. Please see the attached letter which we would appreciate your sharing with staff who have been vaccinated.

Double-clicking this icon will open a PDF file.

