22 January 2021, v2

INCREASED FLEXIBILITY TO OFFER VACCINATION TO COHORTS 3 AND 4

The current deployment approach taken by the NHS is to offer COVID-19 vaccination as set out by the JCVI recommendations, and in sequential order by cohort. In order to support achievement of a vaccination offer to all individuals within JCVI cohorts 1-4 by 15 February 2021, and guided by the principles of minimising wastage, reducing inequality of access, and maximising pace, **we are now moving to a more flexible approach across cohorts 1-4.**

You should continue to prioritise vaccinating people from JCVI priority cohorts 1 and 2. We continue to expect all local vaccination services to administer the first dose of the COVID-19 vaccine to care home residents and staff in the older adult care homes for which the PCN is responsible by the end of this week (Sunday 24th January) at the latest, and to continue to prioritise over 80s including those who are truly housebound.

It is then permissible to offer vaccination to cohort 3 (75-79 year olds) and cohort 4 (70-74 year olds and the Clinically Extremely Vulnerable under 70). Advice to support vaccination of the Clinically Extremely Vulnerable will follow shortly. It is absolutely permissible, and indeed encouraged, to have reserve lists of recipients for every clinic, who can come in at short notice if vaccine is still available. It will make sense to have these reserve lists drawn from the 'next cohort' on the list – at the moment either cohort 3 or cohort 4.

In line with JCVI guidance and the statement from the Chief Medical Officers on second doses published on 30th December, vaccine supplied should only be used to deliver first doses of vaccine, with second doses being scheduled for the 12th week. It is supplied on the basis that it will be used immediately for vaccination of patients and not stored, since weekly deliveries are now being made.

What does this look like in practice?

Minimising wastage

Vaccine should not be wasted. If there is vaccine supply and deployment capacity, but a degree of uncertainty on whether clinics will be full, further invitations can be made to individuals from the next eligible cohort (across cohorts 1-4) in order to utilise available supply.

Reducing inequality

Working closely with local partners, deployment should continue to minimise inequalities between different communities. Please do as much as you can to get vaccination to your highest risk populations, mindful of deprivation, ethnicity and all factors impacting COVID risk. This increased flexibility offers an opportunity to tackle inequity and begin reaching health inclusion groups. Communities with greater levels of vaccine hesitancy or other challenges around engagement and uptake will take longer to reach, so all local areas should ensure engagement is either underway or begins now. Every effort must be made to reach these groups using targeted local outreach and community champions as informed by local Equalities and Health Inequalities Assessments (EHIAs). Please ensure you work with your system partners, especially Local Authorities and Voluntary and Community Sectors in your area to ensure health inclusion. Please help us make sure no one gets left behind, and

feed back on how the central team can help support excellent local work to ensure equity in vaccination rates.

Maximising pace

Where there is vaccine supply and deployment capacity, this flexibility allows a pragmatic operational approach that enables opportunistic vaccination within cohorts 1-4, such as vaccinating partners of similar age from cohorts 3 & 4 who attend together, or those living in multigenerational households.