

- To:
- Integrated care system chief executive officers
 - Trust chief executive officers
 - Local government chief executive officers
 - GP practices
 - Community pharmacies
 - Health and justice healthcare providers

NHS England
Wellington House
133-155 Waterloo Road
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30 August 2023

- cc.
- NHS England regional directors
 - NHS England regional directors of commissioning
 - Directors of public health

Dear Colleagues,

NHS vaccination response to urgent BA.2.86 risk and changes to autumn/winter 2023/24 vaccination delivery programme

Thank you for your continued planning to deliver the autumn-winter flu and COVID-19 vaccination programmes. Thousands of sites have already signed up to offer vaccinations to patients and we are grateful for your ongoing support.

Following the announcement by the Department of Health and Social Care (DHSC) and the UK Health Security Agency (UKHSA), we are writing to set out next steps on the risks presented by the new BA.2.86 variant of COVID-19, and the measures the NHS has been asked to take.

While it is difficult to predict the combined effect of the large number of mutations on severity, vaccine escape and transmissibility, expert advice is clear that this represents the most concerning new variant since Omicron first emerged. The UKHSA has determined the most appropriate intervention with the greatest potential public health impact is to vaccinate all those eligible, quickly.

Following this advice, the Secretary of State for Health and Social Care has asked NHS England to bring the vaccination programme forward, to start earlier, and to accelerate

delivery of the programme to vaccinate eligible people more quickly. We would like as many people as possible to have been vaccinated by the end of October. DHSC are providing additional support to the NHS to enable this to happen.

This letter sets out the actions we are now asking you to take to accelerate your plans for Autumn/Winter 2023 to help protect the health of individuals, families, and communities, and to optimise the resilience of the NHS as we go into Winter.

Campaign timings

For operational expediency and in line with public health recommendations – wherever possible, flu and COVID-19 vaccines should be administered at the same time.

The best protection is usually provided by getting vaccinated with as short a gap as possible before exposure to circulating influenza and COVID-19 viruses, hence the previously advised later start date of early October.

However, in light of the changes in risk balance from a new COVID-19 variant set out above, flu and COVID-19 vaccination for adults should now be brought forward for this year to start in September to maximise uptake of both vaccines. For providers, this means that:

- From **11 September 2023**, systems must start vaccination for care home residents and those who are housebound. We are asking systems to ensure that all residents are vaccinated before **22 October 2023**.
- From **11 September 2023**, COVID-19 and flu vaccinations can commence for those eligible via Local Booking Systems (LBS), starting with those who are most at risk, including those who are immunosuppressed, in the usual way.
- On **18 September 2023**, this will be complemented by the National Booking System (NBS) which will become available to allow eligible people to book a COVID-19 vaccination online (using NHS.uk), via the NHS App or by calling 119. National COVID-19 vaccination invitations will also start from 18 September.

There is no change to flu vaccination for children. It is essential that this begins early in September as previously communicated.

UKHSA has advised that children's flu LAIV vaccines will be available to order from 4 September 2023, for delivery the following week. General practice should continue to prioritise vaccination of 2-3 year olds, while school age immunisation services should rapidly commence vaccination of eligible school aged children.

Cohort eligibility

The eligible cohorts for both flu and COVID-19 vaccination remain unchanged. Flu cohorts were confirmed in the [Annual Flu Letter](#). Full details of eligibility for Autumn 2023/24 COVID-19 cohorts can be found [here](#). They include:

- residents in a care home for older adults
- all adults aged 65 years and over
- persons aged 6 months to 64 years in a clinical risk group, as laid out in the Immunisation Green Book, COVID-19 Chapter (Green Book)
- frontline health and social care workers
- persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression
- persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults.

Financial support

In addition to the financial arrangements set out in the Autumn 2023 GP and CP enhanced service specifications, and Standard Contract schedules, interim arrangements to support programme acceleration will be put in place to recognise additional administrative, organisation and delivery costs.

Commissioned providers will now be eligible to claim:

- An additional acceleration payment of £10 (in addition to the IoS fee) for each COVID-19 vaccination administered to care home residents between Monday 11 September and Sunday 22 October 2023 inclusive; and
- A separate one-off additional payment of £200 for each Completed Care Home by 23.59hrs on Sunday 22 October 2023 that is confirmed to the Commissioner by the submission of a live time survey no later than 23.59hrs on Sunday 29 October 2023.

To support the acceleration of COVID-19 vaccinations to other eligible cohorts:

- An additional £5 acceleration payment (in addition to the IoS fee) will be made available for each COVID-19 vaccination administered to eligible people between 11 September and 31 October 2023 (excluding care home residents, housebound people, and any health and care worker vaccinations commissioned under the NHS Standard Contract).

The COVID-19 vaccination primary care service specifications and NHS Standard Contract schedules will be updated to reflect the financial arrangements outlined above in line with usual processes.

Access and equity

Systems must maintain their focus on ensuring that no one gets left behind and are reminded that the Access and Inequalities Fund is available to support improved uptake across all communities.

Systems are encouraged to think creatively about how they continue to use the fund to support improved and equitable uptake across their communities, accelerating plans for the Autumn and Winter campaign where possible. This could include, but is not limited to:

- Mobile clinics and pop ups, such as roving buses, temporary clinics at supermarkets, shopping centres, places of worship and events
- Capacity building such as community champions and ambassadors and support for local voluntary sector organisations that have established links and trust with targeted communities, working to improve vaccine confidence
- Outreach activities such as bespoke health days and events, door knocking, dedicated clinics, and clinical outreach, supported by pre-engagement and communications
- Localised communication materials to support delivery such as digital screens and leaflets, translated and adapted for local communities, to supplement national communications that are available [here](#).

Systems should work with local partners in local government and the voluntary and community sector to ensure community engagement starts as soon as practicably possible, supported by access to vaccination.

Outreach and pop-up clinics offering COVID-19 vaccination may continue for these groups up to 31 January 2024, flu vaccination can continue until 31 March 2024, noting the clinical importance of completing vaccination earlier.

Actions now required:

- The deadline for the sign up/expression of interest process will be extended until 17:00hrs on 4 September 2023 although further providers can be commissioned by exception after this date in line with the relevant service specifications/schedules and for CPs, the EOI guidance. Commissioners should be mindful of onboarding timescales when agreeing exceptions.
- The **National Booking Service (NBS)** will be opened for sites to upload COVID-19 appointments from 7 September 2023. Appointment slots will become available to the public on 18 September for attending on 19 September onwards. National invitations will commence from 18 September 2023.
- Providers should put local arrangements in place to offer those who are pregnant, regardless of their stage of pregnancy either opportunistic vaccination for routine appointments or direct to book via NBS by their GP and midwife team.

- **Legal mechanisms** (patient group directions (PDGs)/National Protocols (NPs)) will be published [here](#) in advance of 11 September.
- COVID-19 **vaccine supply** will commence from 4 September 2023, using the targeted deployment model to provide a frontloaded intake for the start of the campaign. Vaccine supply is not a constraint for this campaign and providers will automatically have supply replenished.
- **Training materials** for Comirnaty Original/Omicron BA.4-5 COVID-19 vaccine are already available [here](#).

Finally, we are grateful for your work to ensure that the NHS can respond at pace to this emerging clinical context quickly to offer the best possible protection to communities over this coming winter.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Steve Russell', with a horizontal line underneath the name.

Steve Russell

Chief Delivery Officer and National Director for Vaccinations and Screening
NHS England

Annex: UKHSA clinical advice on the emerging risk of BA.2.86

UKHSA conducts routine monitoring and surveillance of COVID-19 and the emergence and spread of new variants internationally. A new variant, BA.2.86 was identified due to its high number of mutations. The mutations, including many in spike protein, mean that the variant may be antigenically altered compared to previously circulating variants, and other changes in viral properties are also possible. There are a small number of cases identified globally but as genomic surveillance is now very limited internationally, there is a very high degree of uncertainty about the spread and growth of this variant at present and the situation is dynamic. It will take a period of several weeks to grow the virus and confirm its biological properties, and epidemiological studies cannot be conducted until there are a larger number of cases to include. Should this variant cause an increase in transmission, the earliest epidemiological signal may be from increasing hospital admissions in the UK or other countries. Waiting to respond until this data is available will mean that any interventions are unlikely to change the impact on health services.

The single intervention with the greatest potential to reduce the impact of any emergent variant with the potential to increase transmission is vaccination. Given the timing of the emergence of BA.2.86 and the uncertainty regarding its growth, it is the clinical recommendation of the CMO and UKHSA that the COVID-19 vaccines already licensed and in stock can be used to boost protection now rather than waiting to start the autumn campaign in October. This is in keeping with the existing advice of the JCVI that the latest available licenced vaccines be used until other vaccines, that target this or other more recent variants, become available.

It is important to note the UK population has comparatively higher levels of both infection-derived and vaccine-derived immunity compared to earlier in the pandemic. This is a precautionary action while UKHSA and partners are able to develop a more detailed assessment of the new variant.