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To:

- ICS and STP leads
- All CCG Accountable Officers
- All NHS Foundation Trust and Trust Chief Executives
- All COVID-19 vaccination sites
- All PCNs and all GP practices
- All Community Pharmacy
- All Local Authority Chief Executives

Copy to:

- Chairs of ICS and STPs
- All CCG Chairs
- Chairs of NHS trusts and foundation trusts
- NHS Regional Directors
- NHS Regional Directors of Commissioning

15 May 2021

Dear Colleague

### ***COVID-19 vaccination: accelerating second doses for priority cohorts 1-9***

Yesterday evening, in response to advice from the independent JCVI, the Government set out further action aimed at tackling rising cases of the COVID-19 B.1.617.2 variant.

The updated instruction states that:

“Appointments for a second dose of a vaccine will be brought forward from 12 to 8 weeks for the remaining people in the top nine priority groups who have yet to receive their second dose. This is to ensure people across the UK have the strongest possible protection from the virus at an earlier opportunity.

The move follows updated advice from the independent experts at the Joint Committee on Vaccination and Immunisation (JCVI), which has considered the latest available evidence on the variant and has recommended reducing the dosing interval to help protect the nation from the variant.

People should continue to attend their second dose appointments and nobody needs to contact the NHS. The NHS will let those who should bring their appointment forward know, when they are able to do so.

Those aged under 50 will continue to get their first dose, with their second dose at 12 weeks, as has been the deployment strategy so far.”

The full press release can be found here <https://www.gov.uk/government/news/most-vulnerable-offered-second-dose-of-covid-19-vaccine-earlier-to-help-protect-against-variants>

## **ACTIONS NOW REQUIRED**

Therefore, we are writing to ask you to take the following actions.

### **Second doses for cohorts 1-9**

The immediate priority for all delivery models is to ensure that there is sufficient capacity for those who need to book a first dose or re-book a second dose appointment.

For those in cohorts 1-9 who have already received a first dose of a vaccination and have an appointment booked for a second dose in the next 10 days (up to and including 24 May) **no action is required and appointments should continue as scheduled.**

For those in cohorts 1-9 who have their second dose appointment scheduled on or after 25 May **the following action now needs to be taken:**

- **For vaccination centres and community pharmacy-led LVS:** every effort needs to be made to ensure any additional capacity for first and second doses is uploaded to the National Booking System (NBS). The NHS will contact individuals directly within priority cohorts 1-9 with an appointment on or after 25 May (where that is more than 8 weeks after their first dose) who have booked via the NBS to encourage them to rebook an earlier appointment.
- **For PCN-led Local Vaccination Services:** all second dose appointments for those in cohorts 1-9 scheduled on or after 25 May (where that is more than 8 weeks after their first dose) should be brought forward. Plans to do this should include working with your ICS to bring in additional workforce to run additional clinics. In addition to using the stock already in the network, revised second dose supply delivery schedules will be communicated shortly in the usual way. If PCN sites have exhausted all opportunities to bring forward second doses and still have insufficient capacity to bring forward second dose AstraZeneca clinics, they may wish to redirect patients to book via the NBS. Additional financial support, as well as supporting communications materials, will be made available to primary care network-led LVS to cover the administration costs of this activity. Further information will be shared with practices shortly.
- **For Hospital Hubs:** all second dose appointments for those in cohorts 1-9 scheduled on or after 25 May (where that is more than 8 weeks after their first dose) should be brought forward.

### **Maximum uptake**

Vaccination uptake rates in England remain high, with all priority cohorts showing well over 90% nationally. For second doses uptake is also high with over 9 in 10 for those aged 70 years and over. We continue to deliver on the NHS's 'evergreen' vaccination offer for anyone in eligible cohorts who have yet to take up the opportunity, especially those in cohorts 1-9.

We ask that all vaccination services, supported by their system partners including local

authorities and voluntary and community sector organisations, continue to do everything they can to ensure maximum uptake. This includes scaling up existing activity such as longer opening hours, vaccine buses, roving and street teams. Previous JCVI advice states:

*“In individuals aged 18 to 49 years there is an increased risk of hospitalisation in males, those from certain ethnic minority backgrounds, those with a body-mass index (BMI) of 30 or more (obese or morbidly obese), and those experiencing socio-economic deprivation.*

*JCVI strongly advises that individuals in these groups promptly take up the offer of vaccination when they are offered, and that deployment teams should utilise their understanding of local health systems and demographics, combined with clear communications and outreach activity, to promote vaccination in these groups.”*

Full JCVI guidance can be found here <https://www.gov.uk/government/publications/priority-groups-for-phase-2-of-the-coronavirus-covid-19-vaccination-programme-advice-from-the-jcvi/jcvi-final-statement-on-phase-2-of-the-covid-19-vaccination-programme-13-april-2021>

Therefore, systems are encouraged to refer to practical guidance for implementing a range of interventions to ensure equitable and COVID-secure access to COVID-19 vaccination and improve uptake. This can be found here:

<https://www.england.nhs.uk/coronavirus/publication/maximising-vaccine-uptake-in-underserved-communities-a-framework/>

Thank you for your continued leadership on this vital programme.



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Improvement



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Primary Care



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