**Care England Covid-19 vaccination questions**

**Last updated 25 January**

All unanswered questions have been sent to DHSC.  
  
SCIE ran a [webinar](https://www.scie.org.uk/mca/directory/forum/covid-webinars/vaccinations-care-homes) on 18th December on MCA and COVID vaccinations in care homes. The webinar was chaired by Baroness Ilora Finlay, chair of the National Mental Capacity Forum. Panellists included Alex Ruck Keene, Dr Bryony Kendall and Dr Elisabeth Alton. The webinar addressed practical issues faced within the care home environment and addressed concerns among primary care providers.

1. **Questions regarding the vaccine itself**

How many people have been vaccinated so far?  
UK total first dose: 6,353,321  
UK total second dose: 469,660  
For the latest vaccination data, click [here.](https://coronavirus.data.gov.uk/details/healthcare)  
[Top Lines and Q&A for stakeholders – Covid-19 vaccine]

New variant(s)  - what reassurance about the vaccine is being given to the care home sector along with the transmission of this new variant etc?  
There is currently no evidence to suggest that the Pfizer/BioNTech or Astra/Oxford vaccine would not protect people against the new variant. Further laboratory work is currently being undertaken to understand this.  
[Top Lines and Q&A for stakeholders – Covid-19 vaccine]

Is this new variant resistant to the vaccine?

There is currently no evidence to suggest that the Pfizer/BioNTech or Astra/Oxford vaccine would not protect people against the new variant. Further laboratory work is currently being undertaken to understand this.  
[Top Lines and Q&A for stakeholders – Covid-19 vaccine]

Vaccine & Insurance:on 12 January Dr Dan Poulter MP (Con) Central Suffolk & North Ipswich asked what steps the DHSC was taking to indemnify GP practices for public and employers liability under the clinical negligence scheme for general practice to ensure that more practices are able to administer the COVID-19 vaccination without undue obstruction.  Nadine Dorries MP, Health Minister, said that GPs were covered by state indemnity for clinical negligence and that cover applied to all staff who were employed or engaged by a general practice to deliver the vaccination programme including any setting used by the practice to deliver the programme, including care homes.  
<https://questions-statements.parliament.uk/written-questions/detail/2020-12-17/131231>

Thedenominator for assessing resident take up of the vaccine was noted as 255,000. This seems low. There are 430,000 care home beds for older people in England. Even with 80% occupancy this would still be 344,000 residents need vaccinating. Please can you confirm this will be looked into.

Indemnity on clinical negligence - I have asked if this will be extended to care home nurses and staff helping deliver the vaccine in care homes before but did not have chance to ask again today. Is there an update I know you said it was being looked into and indeed what is the latest guidance on care home staff giving the vaccine?

Does the vaccine affect fertility?  
The JCVI has amended its previous precautionary advice on Covid-19 vaccines and pregnancy or breastfeeding. The new advice sets out that vaccination with either vaccine in pregnancy should be considered where the risk of exposure SARS-CoV2 infection is high and cannot be avoided, or where the woman has underlying conditions that place her at very high risk of serious complications of Covid-19, and the risks and benefits of vaccination should be discussed. [Top Lines and Q&A for Stakeholders]

Why is vaccination not recommended for pregnant women?   
The latest advice form the JCVI sets out that vaccination with either vaccine in pregnancy should be considered where the risk of exposure SARS-CoV2 infection is high and cannot be avoided, or where the woman has underlying conditions that place her at very high risk of serious complications of Covid-19, and the risks and benefits of vaccination should be discussed.

The Pfizer/BioNTech vaccine should only be considered for use in pregnancy when the potential benefits outweigh any potential risks for the mother and baby. Women should discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances. Women who are breastfeeding can also be given the vaccine.

Those who are trying to become pregnant do not need to avoid pregnancy after vaccination, and breastfeeding women may be offered vaccination with either vaccine following consideration of the woman’s clinical need for immunisation against COVID-19. The UK Chief Medical Officers agree with this advice [Top Lines and Q&A for Stakeholders]

What about if a woman becomes pregnant between her first and second dose – what happens then? Although the available data do not indicate any safety concern or harm to pregnancy, there is insufficient evidence to recommend routine use of COVID-19 vaccines during pregnancy. Vaccination should be postponed until completion of pregnancy. If a woman finds out she is pregnant after she has started a course of vaccine, she should complete her pregnancy before finishing the recommended schedule. [Top Lines and Q&A for Stakeholders]

How many people have taken part in clinical trials and what about ages, ethnic backgrounds and medical conditions?  
All of the vaccines will be tested on between 15,000 to 50,000 people across the world. They are tested on both men and women, on people from different ethnic backgrounds, and of all ages between 18-84.The studies have also looked as to whether the vaccines work on people with certain medical conditions and in older people, as their immune responses can work less effectively and therefore give them less protection through vaccines. [Top Lines and Q&A for Stakeholders]

What about allergic reactions to the vaccine?  
We are no longer advising as a precaution that individuals with a history of anaphylaxis to any vaccine, medicine or food do not get the vaccine. However, our advice remains that individuals should not get the vaccine if they have had a severe allergic reaction to any of the vaccine ingredients or if they experience anaphylaxis after the first dose. Standard clinical procedure advises that vaccine recipients should be monitored for 15 minutes after vaccination, with a longer observation period when indicated after clinical assessment. This updated advice follows enhanced surveillance since the initial precautionary advice was issued, which has found no evidence of an increased risk of anaphylaxis in those with prior severe allergic reactions, other than to the vaccine and its ingredients. [Top Lines and Q&A for Stakeholders]

If there are any significant medical incidents, could rollout be halted?   
In the rare instance of a medical incident, DHSC will review the available data. The government are clear that all vaccines being rolled out must continue to meet high standards of safety and efficacy. [Top Lines and Q&A for Stakeholders]

What will proof of immunisation look like, will there be a document?  
You should have a record card with your next appointment written on it, for an appointment in 21 or 28 days time. It is important to have both doses of the same vaccine to give you the best protection. [[What to expect after your COVID-19 vaccination](https://www.gov.uk/government/publications/covid-19-vaccination-what-to-expect-after-vaccination/what-to-expect-after-your-covid-19-vaccination)]  
This is a vaccine record card, similar to those given to patients for other NHS vaccinations as a note of when they received their vaccine. It is not intended to be used for any other purpose, or as an immunity certificate. All vaccinations are recorded on the patient’s record with their GP.  
[Top Lines and Q&A for Stakeholders]

Will being vaccinated mean you need to self-isolate?  
No. You cannot catch COVID-19 from the vaccine. But it is possible to have caught COVID-19 and not realise you have the symptoms until after your vaccination appointment. Please continue to have the regular screening tests that your employer arranges. If you have any of the symptoms of COVID-19, stay at home and arrange to have a test. If you need more information on symptoms visit [www.nhs.uk/conditions/coronavirus-COVID-19/symptoms/](http://www.nhs.uk/conditions/coronavirus-COVID-19/symptoms/) [DHSC’s response to Care England’s unanswered questions]

Can you still infect others once you have been vaccinated?  
Yes, you can still carry the virus on your body and clothes if you come into contact with it. You will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes. To continue to protect yourself, your residents, your family, friends and colleagues you should follow the general advice at work, at home and when you are out and about:

• practise social distancing

• wear a face mask

• wash your hands carefully and frequently

• follow the current guidance [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus) [DHSC’s response to Care England’s unanswered questions]

Can you take more than one type of vaccine?  
No. Any vaccines that are available 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 will be highly effective and protect them from coronavirus. [DHSC’s response to Care England’s unanswered questions]

Are there any contraindications: how does the vaccine react to any existing health condition or medication, including pregnancy?  
The trials have involved people with chronic underlying conditions deliberately, and they have involved people from very broad age ranges and quite a lot of people in the elderly bracket. The JCVI have looked at this, there’s no indication that there should be any difficulty in giving it to people with chronic underlying conditions. However, as is common with new vaccines the MHRA has advised on a precautionary basis that people with a significant history of allergic reactions do not receive this vaccination. These vaccines have not yet been tested in pregnant women and so we are taking a highly precautionary approach. Women should not be vaccinated if they may be pregnant or are planning a pregnancy within three months of the first dose. Data is anticipated which will inform discussions on vaccination in pregnancy. JCVI will review these as soon as they become available. For more information about the COVID vaccine visit <https://www.nhs.uk/covidvaccine> [DHSC’s response to Care England’s unanswered questions]

When will the updated list of vaccination centres be available from gov.uk?  
From December, more than 70 hospitals began delivering the vaccine across the UK. Details on the first 50 hospital hubs in the first wave of the vaccination programme can be found here: <https://www.england.nhs.uk/2020/12/hospitals-to-start-biggest-ever-nhs-vaccination-programme-this-week/>.[DHSC’s response to Care England’s unanswered questions]  
Almost 1,200 vaccination sites have already been set up across the UK and hundreds more are opening soon to help those who are most at risk from COVID-19 to access vaccines for free, regardless of where they live.  
[Top Lines and Q&A for Stakeholders]

What if you are allergic to vaccine or have a history of severe allergies?  
Anaphylaxis is a very rare, recognised side effect of most vaccines and suspected cases should be reported via the Coronavirus Yellow Card Scheme (www.coronavirus-yellowcard.mhra.gov.uk). Chapter 8 of the Green Book gives detailed guidance on distinguishing between faints, panic attacks and the signs and symptoms of anaphylaxis. As these vaccines are labelled with a black triangle, all adverse reactions occurring in individuals of any age after vaccination should be reported to the MHRA using the Yellow Card Scheme [[COVID-19: the green book, chapter 14a](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941450/Greenbook_chapter_14a_v2.pdf)].

What are the side effects of the virus?   
Evidence is growing that the longer-term consequences of more severe complications associated with the inflammatory response may be considerable in those who experience critical and life-threatening illness. Rare neurological and psychiatric complications, which can also occur in patients without respiratory symptoms, include stroke, meningo-encephalitis, delirium, encephalopathy, anxiety, depression and sleep disturbances. [[COVID-19: vaccination programme guidance for healthcare practitioners](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941236/COVID-19_vaccination_programme_guidance_for_healthcare_workers_December_2020_V2.pdf)]

How long will the immunity last?   
As COVID-19 vaccines have only been given in clinical trials in recent months, there is currently no data available to describe how long protection from vaccination will last. [[COVID-19 vaccination programme: Information for healthcare practitioners](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941236/COVID-19_vaccination_programme_guidance_for_healthcare_workers_December_2020_V2.pdf)].

What are immediate side effects e.g. flu vaccine, sometimes you feel ill afterwards, if it has a side effects for very ill residents is the vaccine applicable or will the side effect affect mortality?   
Side effects include:  
-a sore arm where the needle went in  
-feeling tired  
-a headache  
-feeling achy  
-feeling or being sick  
-All patients are given 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 Medicines and Healthcare products Regulatory Agency (MHRA).  
[Top Lines and Q&A for Stakeholders]

How long apart does any Covid Vaccination need to be from a Flu Vaccination? (If there is to be a rollout before Christmas, then this has a direct impact on people’s actions in the next week – news on the radio this morning that you are thinking about delivering them together).   
Because of the absence of data on co-administration with COVID-19 vaccines, it should not be routine to offer appointments to give this vaccine at the same time as other vaccines. Based on current information about the first COVID-19 vaccines being deployed, scheduling should ideally be separated by an interval of at least 7 days to avoid incorrect attribution of potential adverse events. [[COVID-19: the green book, chapter 14a](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a)].

How will private hospitals be treated – will their residents and staff be vaccinated alongside NHS Hospitals and Care Homes in the first wave of vaccinations?   
We are following the recommendations of the Joint Committee on Vaccination and Immunisation (JCVI) to prioritise care workers and as such we are initially encouraging care workers in CQC registered settings to receive a vaccine but will quickly move on to other priority recipients. Getting the Pfizer-BioNTech vaccine to care home residents is challenging because of the requirements for transporting it and the temperature at which it is stored. So our focus, initially, is on vaccinating care home workers and the over 80s initially in 70 Hospital Hubs across the UK. We are working hard to bring a vaccine to those who need it, and over the coming weeks, more Hospital Hubs and other vaccination locations will be operational. We are working hard to bring a vaccine to those who need it. We are working with the NHS on how we may be able to vaccinate care home residents with the Pfizer-bioNTech vaccine at their care home but given the practical challenges we cannot set out the details for this yet. Staff of private hospitals will also be invited for NHS vaccination in time. [DHSC’s response to Care England’s unanswered questions]

Is the plan for nursing homes to do vaccinations themselves AND changing regs so residential homes would?   
No, vaccinations will be carried out by the appointed NHS services. [DHSC’s response to Care England’s unanswered questions]  
The vaccine centres will be the first to deploy trained volunteers from both St John Ambulance and the NHS Volunteer Responder scheme. This will be alongside NHS staff - more than 80,000 of whom have so far completed the clinical training needed to administer vaccines.  
[Top Lines and Q&A for Stakeholders]

How was the vaccine delivered so much quicker than expected? Who/what has been involved in the development and distribution of the vaccine?   
•Public safety has been and continues to be the Government’s top priority.

•No vaccine would be authorised for supply in the UK unless it meets high standards of safety, quality and effectiveness.

•The independent medicines regulator, the MHRA’s renowned teams of scientists and clinicians advised that the Pfizer/BioNTech vaccine has passed their strict quality, safety, and effectiveness tests and can be given to people in the UK. The MHRA is recognised across the world for its high standards and professionalism. For more information about the COVID vaccine visit <https://www.nhs.uk/covidvaccine> MHRA CEO Dr June Raine explains the Vaccine Approval Process here: <https://youtu.be/l-hMyyNDfI4> [DHSC’s response to Care England’s unanswered questions]

1. **Questions regarding data protection**

Where do staff send the consent form to?  
The NHS is supplying the care home providers with consent forms to use for different circumstances of the individual. There is an additional consent form for care home staff. The COVID-19 vaccination consent form letter templates are available in different software versions and can be downloaded from the Health Publications website and adapted to suit the needs of local healthcare teams. These resident forms are available for those who are able to consent for themselves, for those with a relative who has power of attorney for them and a relative’s agreement form.  
[Top Lines and Q&A for Stakeholders]

Who is the “vaccination service provider”?

What happens after the form submitted – are staff contacted direct?  
Local Authorities will be in contact with providers  
[Preparing for Vaccination in Care Homes for older adults]

In relation to GDPR, what information is it appropriate to collect and pass to the CCG's / GPs about staff?   
In preparation care home managers should: Put together staff lists, including basic details (name, gender, date of birth, NHS number, GP details) for each staff member. Be ready to provide each staff member with a letter confirming their employment in the care sector [[COVID-19 vaccinations and Care Homes: Programme Launch letter](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941446/MSC_Letter_to_the_care_sector.pdf)].

Confirmation that plans are in place to develop a national vaccination register to collect information on vaccination status, this will be linked to the GP record.  
[[COVID-19 vaccinations and Care Homes: Programme Launch letter](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941446/MSC_Letter_to_the_care_sector.pdf)].

1. **Questions regarding staff and residents**

Which groups will be vaccinated over the next six weeks?  
The Government set a target to offer vaccines to everyone in the top four priority groups, as outlined by the JCVI, by 15 February:  
1. Residents in a care home for older adults and their carers  
2. Those over 80 and frontline health and social care workers  
3. Those 75 and over  
4. Those 70 years and over and the clinically extremely vulnerable  
This accounts to around 13 million people  
[Top Lines and Q&A for stakeholders – Covid-19 vaccine]

Is the £30 for care home shots only for older adults? This comes back to the conversation about LD being side lined, including their staff

What preparations are there for care providers that care for younger adults with learning disabilities? The guidance is very unclear as to which cohort they fall in.   
For carers that work with children who have underlying health conditions, they would be considered in the priority 2 cohort. The SOP for priority 2 essentially rules out:  
  
• Administrative staff who do not have any direct contact with clients.  
• Social care workers working with children who are not considered priority within the context of the JCVI priority cohorts 1-9 (children under 16 who do not have underlying health conditions leading to greater risk of disease or mortality and children who have no underlying health conditions).  
• Unpaid carers  
[Robert Frost DHSC 15/01]

Quoted by a provider: Unfortunately we don’t have the same good experience at our 63 bed home in Southampton. Residents got tested last week, but it is like pulling teeth to get the vaccinations for our staff at this particular home.

Vaccinations for people with a history of allergies to vaccines

We are no longer advising as a precaution that individuals with a history of anaphylaxis to any vaccine, medicine or food do not get the vaccine. However, our advice remains that individuals should not get the vaccine if they have had a severe allergic reaction to any of the vaccine ingredients or if they experience anaphylaxis after the first dose.   
[Top Lines and Q&A for Stakeholders]

Vaccinations for autistic people.  
We are aware that some autistic people may be particularly worried about having a

vaccination. We are working closely with the Covid-19 Immunisation Delivery Deployment

Group who are leading the work on rolling out the vaccines to ensure that there is

accessible information for autistic people and that appropriate reasonable adjustments are

being considered that would help minimise and address any anxieties held.  
[latest FAQ and webinar material for learning disability and autism partners]

Clinically Extremely Vulnerable list  
The decision to add Down's syndrome to the Clinically Extremely Vulnerable list was based on data from the QCOVID model, commissioned by the Chief Medical Officer via NERVTAG and which is published in the BMJ. This research identified a high risk of severe outcomes (from Covid-19) for all adults with Down’s syndrome, however having a learning disability (without Down’s syndrome) was not identified as being associated with the same high level of risk for inclusion on the Clinically Extremely Vulnerable list.[Update from the Department of Health and Social Care]

Vaccine Trial participants  
In answer to the question as to whether the currently available vaccine has been trialled on participants who have Down’s syndrome: People with Down's syndrome are not a specific trial group, but safety data will be coming from all trials to set out how the COVID-19 vaccine work in different types of people.[Update from the Department of Health and Social Care]

Some care home workers are excluded from the English vaccination programme because the IT systems require each person to have an English NHS number. However, I’m told that some care home workers, for example foreign nationals who have not yet registered with the NHS or health and care workers working in England but registered in Scotland, Northern Ireland and Wales, cannot access the programme.

Who will be responsible for administering the vaccine in our services (LD)?  We do not typically have any nursing staff (unlike elderly care settings).  Are GPs being lined up for this and treating our staff and people we support as a priority for early vaccination?  
Local NHS services will be delivering the vaccination programme. Whichever service is relevant to your particular facilities will be in touch to discuss how and when this will happen. [Update from the Department of Health and Social Care]

Will vaccines be provided to LD homes, including supported living when the packs can be broken down in size?  When this likely to be?  
See above[Update from the Department of Health and Social Care]

What funding will be available to support payment of staff having the vaccine outside of their shift pattern?  
The people you care for and your staff are the priority for the vaccine, and we want to work with you to get it to them as rapidly as possible to save lives. We will be assisting our NHS colleagues by providing them with information on care homes. Recognising that there are many small care homes, we are asking Local Authorities to work with NHS colleagues and local care homes to ensure that we fill up the available vaccination slots, including by assisting providers, where needed, with their transport plans. We are working hard to bring a vaccine to those who need it. We are working with the NHS on how we may be able to vaccinate care home residents and staff with the Pfizer-bioNTech vaccine at their care home. The ambition is to be able to begin this phase of the programme before Christmas, although for many homes this is likely to run into the New Year. [Update from the Department of Health and Social Care]

What advice and support will be given to employers on how to address the situation of staff refusal, without eg a medical reason, of the vaccine? Can providers let these staff go?  
We have developed the [SHARE checklist](https://sharechecklist.gov.uk/) which aims to increase audience resilience by educating and empowering those who see, inadvertently share and are affected by false and misleading information. The checklist provides the public with five easy steps to identify false content, encouraging users to stop and think before they share content online.  
[Top Lines and Q&A for stakeholders – Covid-19 vaccine]

What advice and support is there for employers who do not want to recruit new staff who have not been vaccinated?

Are social care volunteers listed in Group 2 of the priority list and therefore eligible for the vaccine?  
Temporary staff, including those working in the COVID-19 vaccination programme, students, trainees and volunteers who are working with patients must also be included. Young people age 16-18 years, who are employed in, studying or in training for health and social care work should be offered vaccination alongside their colleagues if a suitable vaccine is available. Younger people who are taking part in health and social care work as volunteers, interns or for the purposes of work experience, should make all efforts to avoid exposure to infection; vaccination would not normally be required. [[COVID-19: the green book, chapter 14a](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941450/Greenbook_chapter_14a_v2.pdf)].

Can providers force staff to have the vaccine, or let them go as they could be perceived as a health threat?  
In England and Wales, the Public Health (Control of Disease) Act 1984 gives the government powers to prevent, control, or safeguard against the incidence or spread of infection or contamination. However, the legislation specifically provides that a person must not be required “to undergo medical treatment,” where ‘“[m]edical treatment’ includes vaccination and other prophylactic treatment.” The Coronavirus Act 2020 extends this prohibition to Scotland and Northern Ireland. Accordingly, the UK government cannot make COVID-19 vaccination mandatory.

As the government does not have legal power to enforce vaccinations, it seems unlikely that UK employers will be able to compel employees to be vaccinated against COVID-19. In limited circumstances, compelling vaccination may be advantageous because of the nature of the relevant industry or business—for example, where employees—such as those in the healthcare industry—are at a materially increased risk of contracting the virus due to the nature of the work that they undertake. The fact that the vaccine will be offered to frontline workers (i.e., those working in essential public services such as healthcare) first, along with those individuals who are most susceptible to the virus, serves to reinforce this claim that compelling vaccinations may be justified by business necessity.  
[[Can UK Employers Require Employees to Get COVID-19 Vaccinations?](https://ogletree.com/insights/can-uk-employers-require-employees-to-get-covid-19-vaccinations/)]

Is there any direction on what action (if any) should be taken if a care staff member refuses to have the vaccine?  
Vaccines are the most effective way to prevent infectious diseases. They save millions of lives worldwide. By having the COVID vaccine we expect that health and care staff will be less likely to pass infection to their friends and family and to the vulnerable people that they care for. However, the Covid-19 vaccine will not be compulsory. The UK operates a system of informed consent for vaccinations. With or without a vaccine, we all have a vital role to play in protecting our own health and likewise the health of those around us. So, you will still need to follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes. To continue to protect yourself, your residents, your family, friends and colleagues you should follow the general advice at work, at home and when you are out and about:

• practise social distancing

• wear a face mask

• wash your hands carefully and frequently

• follow the current guidance [www.gov.uk/coronavirus](http://www.gov.uk/coronavirus) [Update from the Department of Health and Social Care]

Will the vaccine be mandatory for staff and residents?   
We are working on a standardised consent form, as you will need to gain consent to vaccinate as and when we get it to care homes. When we release this form and guidance, please use it to gain consent. You may want to start talking to residents and their families now about the vaccination. take steps now to ensure that staff understand need for obtaining consent, so that they in turn can help residents and families to complete the necessary forms when a vaccine is ready to be delivered within a care home. Once issued, these forms will provide additional information about the vaccine they are receiving. [[COVID-19 vaccinations and Care Homes: Programme Launch letter](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941446/MSC_Letter_to_the_care_sector.pdf)].

Consent: how this will be obtained? Will it be needed at each step of vaccination or one off?   
We are working on a standardised consent form. [[COVID-19 vaccinations and Care Homes: Programme Launch letter](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941446/MSC_Letter_to_the_care_sector.pdf)].

Which residents are applicable for the vaccine?   
The full prioritisation list can be found here and is as follows (in order of priority):\  
1. Residents in a care home for older adults and their carers  
2. All those 80 years of age and over and frontline health and social care workers  
3. All those 75 years of age and over  
4. All those 70 years of age and over and clinically extremely vulnerable individuals  
5. All those 65 years of age and over. All individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality  
6. All those 60 years of age and over  
7. All those 55 years of age and over  
8. All those 50 years of age and over  
[Top Lines and Q&A for Stakeholders]

If 2 doses are needed will you need to obtain consent twice?   
No. Consent form is for both. [Update from the Department of Health and Social Care]

Administration: the flu vaccine cannot be administered by care home workers, but we understand that care home workers may be required to administer the COVID-19 vaccine. How is training being put in place? If GPs and district nurses are to administer the vaccine we seek assurance that they will be COVID-19 tested before entering the care home.  
This will require knowledgeable, confident and competent vaccinators. It is therefore vital that anyone administering the vaccine is given the time and opportunity to undertake the comprehensive training they need and that they are supervised and supported in practice as required. [[Training recommendations for COVID-19 vaccinators](https://www.gov.uk/government/publications/covid-19-vaccinator-training-recommendations/training-recommendations-for-covid-19-vaccinators)]

A GP has asked for names, personal details and NHS numbers for all our residents & staff with a deadline of two days. *Why is this?*   
In preparation care home managers should: Put together staff lists, including basic details (name, gender, date of birth, NHS number, GP details) for each staff member. Be ready to provide each staff member with a letter confirming their employment in the care sector. Keep staff records of vaccinations and report via the Capacity Tracker (as you do with flu vaccination [COVID-19 vaccinations and Care Homes: Programme Launch letter](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941446/MSC_Letter_to_the_care_sector.pdf)]. As the Standard Operating Procedure sets out, the role of LAs and LRFs is to support and facilitate the linking up of care homes and hospital hubs. It neither asks LAs to gather staff details nor to take a lead in making bookings. Rather it asks care homes to prepare information which will help with the interaction with the NHS and its NIMS system.[Stuart Miller DHSC] Each local system will determine how best to manage the process of linking up care homes and hospital hubs, so we can expect to see a variety of approaches.

In relation to care homes, plans will include arrangements so that care home residents and staff can be vaccinated at the same time.  
Getting the Pfizer-BioNTech vaccine to care home residents is challenging because of the requirements for transporting it and the temperature at which it is stored. So our focus, initially, is on vaccinating care home workers and the over 80s…We are working hard to bring a vaccine to those who need it, and over the coming weeks, more Hospital Hubs and other vaccination locations will be operational. [[COVID-19 vaccinations and Care Homes: Programme Launch letter](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941446/MSC_Letter_to_the_care_sector.pdf)].

At what point is the home clear after vaccination e.g. is it jab, booster then two week wait until effective?  
Preliminary findings showed that neutralising antibodies were induced at day 14 and 28 after the first vaccination and titres increased after a second dose. Final data showed that IgG spike antibody responses and neutralising antibody 28 days after the boost dose were similar across the three age cohorts (18–55 years, 56–69 years, and ≥70 years). Although there is yet no evidence on whether vaccination leads to a reduction in transmission, a small effect may have major additional benefit for staff who could expose multiple vulnerable patients and other staff members [[COVID-19: the green book, chapter 14a](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941450/Greenbook_chapter_14a_v2.pdf)]. Additionally, any person who supplies and administers a vaccine must have a legal authority to do so. Such a national protocol may allow specified classes of people, which need not be limited to registered healthcare professionals, to administer COVID-19 vaccine [[COVID-19: vaccination programme guidance for healthcare practitioners](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941236/COVID-19_vaccination_programme_guidance_for_healthcare_workers_December_2020_V2.pdf)]

Have there been any discussion about providers being able to undertake or perform some of their own vaccinations as part of the roll out programme. Where providers have staff who are trained and able to give injections? This could speed up the ability to vaccinate for care groups.   
This will require knowledgeable, confident and competent vaccinators. It is therefore vital that anyone administering the vaccine is given the time and opportunity to undertake the comprehensive training they need and that they are supervised and supported in practice as required. [[Training recommendations for COVID-19 vaccinators](https://www.gov.uk/government/publications/covid-19-vaccinator-training-recommendations/training-recommendations-for-covid-19-vaccinators)]

Will you be given proof of having the vaccine to show an employer for example?   
We are asking care providers to keep staff records of vaccinations and report this back through the Capacity Tracker – as they do for flu vaccinations. When patients are vaccinated, they are likely to receive a vaccine record card that notes the date of their vaccination, the suggested date for their second dose and details of the vaccine type and batch. This is a vaccine record card, similar to those given to patients for other NHS vaccinations as a note of when they received their vaccine. You can share this with your employer if you would like to, to show you have had the vaccine. It is not intended to be used for any other purpose, or as an immunity certificate. All vaccinations are recorded on the patient’s record with their GP. [Update from the Department of Health and Social Care]

Employers were expected to play a key role in providing information to enable staff vaccination. However, it was noted that some providers may not wish to engage with the programme.  
In preparation care home managers should: take steps now to ensure that staff understand need for obtaining consent, so that they in turn can help residents and families to complete the necessary forms when a vaccine is ready to be delivered within a care home. Once issued, these forms will provide additional information about the vaccine they are receiving. [[COVID-19 vaccinations and Care Homes: Programme Launch letter](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941446/MSC_Letter_to_the_care_sector.pdf)].

Issue around staff ID, which had been raised when discussing access to the flu vaccination.   
The Minister for Social Care has written to care providers asking them to be ready to provide each staff member with a letter confirming their employment in the care sector. [Update from the Department of Health and Social Care]  
  
Due to staff work in shifts there are practical issues around trying to vaccinate all staff at the same time, and alternative arrangements need to be in place in case staff are on leave or off sick.   
Vaccine delivery will be flexible  
[Preparing for Vaccination in Care Homes for older adults]

Our nearest vaccine centre is over 20 miles away and many of our care home staff do not have their own cars which means that they either need to car-share or use public transport, neither of which is a great option. It is likely to mean a half-day trip for each person which will play havoc with rotas at what is already a difficult time. The Government really needs to find ways to distribute this vaccine more locally.

The people you care for and your staff are the priority for the vaccine, and we want to work with you to get it to them as rapidly as possible to save lives.

At the moment vaccinations for care home workers are being offered and arranged directly with employers at a local level.

The three models of delivery are:

o Hospital Hubs - NHS providers vaccinating staff onsite. From December, more than 70 hospitals began delivering the vaccine across the UK.

o Local Vaccination Services – Community and primary care-led service based on local and logistical considerations but is likely to include GP practices, local authority sourced buildings or other local facilities, and potentially roving teams if vaccines are transportable in this way.

o Vaccination Centres - Large scale centres such as sports and conference venues set up for high volumes of people.

At the time of writing, the hospital hub model of delivery is currently active and hundreds of local vaccination services run by family doctors and their teams will open across England this week. Practices in more than 100 areas of the country will start vaccinations this week. We are working hard to bring other models online as soon as possible.

We will be assisting our NHS colleagues by providing them with information on care homes. Recognising that there are many small care homes, we are asking Local Authorities to work with NHS colleagues and local care homes to ensure that we fill up the available vaccination slots, including by assisting providers, where needed, with their transport plans.

We are working hard to bring a vaccine to those who need it. We are working with the NHS on how we may be able to vaccinate care home residents and staff with the Pfizer-bioNTech vaccine at their care home. The ambition is to be able to begin this phase of the programme before Christmas, although for many homes this is likely to run into the New Year. [Update from the Department of Health and Social Care]

Are there any resources for adults with a learning disability and getting the Covid vaccine?  
Information and resources will be made available to order and download from the Health Publications website in Braille, BSL video, Large print, simple text, and Easy read versions. [Update from the Department of Health and Social Care]

1. **Questions regarding the vaccine’s interaction with Covid-19 testing**

What will the interaction be between testing and vaccination (presumably testing continues, but will a vaccine lead to a false-positive test?)   
Testing will continue as normal until further notice. Vaccinations should not register in testing because they do not use a live virus. [Update from the Department of Health and Social Care]

Once Residents / Staff have had two doses of a vaccine, do they still need to be tested regularly?  
Yes. Testing will continue as normal until further notice. [Update from the Department of Health and Social Care]

1. **Questions regarding guidance/communication/messaging**

Is there a national guidance to CCGs on CV19 Vaccines?  
Yes. Extensive guidance has been and will continue to be provided to all organisations who need it. [Update from the Department of Health and Social Care]

When will there be easy read versions of all the advice?  
Various versions of the leaflets and posters have been developed, with different call-to-actions to be used depending on vaccine availability. Large print, braille and Easy read versions and translated versions are also available for download. There will be BSL videos for the ‘adults’, ‘what to expect’ and ‘pregnancy’ leaflets shortly.  
[Top Lines and Q&A for Stakeholders]

1. **Questions on human rights, best interest decisions etc**

How do you propose to deal with consent for residents when the person lacks capacity?   
Everyone who receives a vaccine will be required to have completed a consent form. We have worked on a standardised consent form for you to use, as you will need to gain consent to vaccinate as and when we get it to care homes. This form is available to download from the Health Publications website, please use it to gain consent. Some people who will be offered the vaccine may lack mental capacity to make decisions about vaccination. This will include some (but not all) people with dementia, learning disabled and autistic people, people with mental health difficulties and people with acquired brain injury. These people, if they are aged 16 or over, are protected by the empowering, decision-making framework set out under the Mental Capacity Act 2005 (MCA).

These legal requirements will be familiar to everyone involved in the care and treatment of these people, as they will be used to considering them for other, similar decisions, including a decision to test a person for COVID-19, or administer the flu vaccine to help protect them from illness over the winter. The principles of best interests decision making under the MCA are the same for the COVID-19 vaccination. Health care professionals offering the vaccine to someone who may lack the mental capacity to consent should take all practicable steps to support the person to make the decision for themselves.

Where it has been established that the person lacks capacity to consent, a best interests decision should be taken in line with best interest checklist in section 4 of the MCA. This means that the decision-maker must consider all the relevant circumstances, including the person’s wishes, beliefs and values, the views of their family where appropriate and what the person would have wanted if they had the capacity to make the decision themselves. The decision maker should make a record of their best interests decision. Best interests decisions must always be made on an individual basis.

Care home staff or other types of carers should plan in advance to ensure that the health care professional administering the vaccine has the information they need to make an appropriate best interests decision about consent, at the right time. Where appropriate, the person’s advocate or those with power of attorney for Health and Welfare should be consulted. If there is a deputy or attorney with relevant authority, then the heath care professional can only give the vaccination if the deputy or attorney has first given their consent.If best interests meetings are required, would they need to be done individually or in some kind of group process? [Update from the Department of Health and Social Care]

1. **Questions on visiting**

If you vaccinate residents and no one else, the position re-relative visits does not change – staff and relatives could all be asymptomatic and infect each other – so full PPE remains operating standard with limited relative visits   
Best interests decisions must always be made on an individual basis. A best interests decision should be taken in line with best interest checklist in section 4 of the Mental Capacity Act 2005. This means that the decision-maker must consider all the relevant circumstances, including the person’s wishes, beliefs and values, the views of their family where appropriate and what the person would have wanted if they had the capacity to make the decision themselves. [Update from the Department of Health and Social Care]  
  
Now that we have a vaccine, can we end restrictions and lockdowns?   
An effective vaccine will be the best way to protect the most vulnerable from coronavirus and the biggest breakthrough since the pandemic began. A huge step forward in our fight against coronavirus, potentially saving tens of thousands of lives. Once vaccinations begin, we will closely monitor the impact on individuals, on NHS pressures and on the spread of the virus. As large numbers of people from at risk groups are given an effective vaccine, we will be able to gather the evidence to prove the impact on infection rates, hospitalisation and reduced deaths; if successful this should in time lead to a substantial reassessment of current restrictions. The full impact on infection rates will not become clear until a large number of people have been vaccinated with two doses, but as larger numbers do get vaccinated, we will hopefully move further along the path back to a more normal way of life. [Top Lines and QA for stakeholders]

1. **CQC**

What role will CQC have in terms of any monitoring of vaccine take up in care services?  
As the vaccine continues to be rolled out across the UK we are asking care providers to keep staff records of vaccinations and report this back through the Capacity Tracker – as they do for flu vaccinations. [Update from the Department of Health and Social Care]

1. **Rollout**

It is clear that Surrey as a whole is still poorly served by vaccination. Only 22800 vaccinations as of yesterday while there are nearly 50,000 front line staff and probably 100,000 older people in care in the county plus of course all the other over 75s and next stage cohorts who are vulnerable but not in care. Several Homes have been given dates and these are then cancelled (though there are some Homes that have been done).

What is the basis for the Government’s targets around vaccinations in care homes. It appears to be based on 10,000 homes and various occupancy numbers which do not correlate with our own figures (*it is our ambition to offer the vaccine to all care home residents and staff in the more than 10,000 care homes in England for older people by the end of Ja*nuary*)*<https://www.gov.uk/government/publications/uk-covid-19-vaccines-delivery-plan/uk-covid-19-vaccines-delivery-plan> The numbers are very important to tie in with the policy. The 10,000 figure is actually 10,899 homes that CQC has flagged as having residents who are 65+; and the number of residents is the sum of residents (not beds), from capacity tracker, for those homes.  
[DHSC]

£10 - £30 for GPs to administer to care homes, is this on top of the initial £12.50 per vaccination fee? There is a lot of extra support for the care homes who need to facilitate and support the vaccine administration process and also do a lot of work around getting the consents organized speak to residents, families and staff etc Are care homes to expect renumeration too?

Are GPs being paid £30 (plus £12.50) to complete the first jab this Friday AND with a promise of a second dose administered or is the £30 and subsequent ‘rewards’ simply for promise of a first jab?  
The financial incentives are for the first dose only – I doubt there will be the same for the second, but I’m not certain about that. [Robert Frost DHSC 15/01]

Can care home nurses administer the vaccine and will they get indemnity as NHS staff have?

Confirmation that supply routes will deliver in the numbers needed.  
Assurances about supply and priorities – I can only say that the programme is moving at pace and is in line with the JCVI advice. [Robert Frost DHSC 15/01]

Are there any systems in place to ensure that staff in designated care site are being given the vaccine as matter or urgency?

Assurance of better comms from central Govt to the care sector.

Care homes are going to be in a unique situation for residents and as a workplace, once vaccines have taken effect (14 days +) – effectively being a small oasis deserving a little more freedom amongst the national lockdown and later restrictions.  As I suspect government guidance will lag behind. Although the issue of transmission once vaccinated is still under review, is there a plan to allow vaccinated residents more freedom? .  The sector will, rightfully, come under pressure from residents and families for easing of restrictions.  There are some actions we can take with risk assessment, but the sector is going to need some new guidance for post vaccination scenarios very soon.  
On transmission from vaccine, we don’t have the data yet to say whether a vaccine stops transmission so we need some time to understand that – we are looking at data across all vaccines and will hopefully improve this over time.[Robert Frost DHSC 15/01]

When can we expect the daily statistical vaccine analysis to include a breakdown of residents/staff/type of home versus NHS and other groups? Furthermore what will this analysis say regarding the denominator figures and transparency?   
NHSE is gradually improving the published data – it’s now daily but the only breakdown, currently, is 80+ (see: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>). The Delivery Plan (<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951928/uk-covid-19-vaccines-delivery-plan-final.pdf>) has a table on page 26/27 setting out the denominators.  
[DHSC]