Annex B: Vaccination of cohort 6 in LVSs

From 15 February 2021, we would like you to focus on cohort 6. The majority of people in this cohort will be vaccinated in Local Vaccination Services, building on your existing relationships around the care of long-term conditions and supporting continuity of care. Adult carers who are flagged within GP systems will also be offered vaccination through this route. This note sets out how to approach this cohort.

Summary and eligibility

JCVI priority Cohort 6 includes 'all individuals aged 16 years to 65 years with underlying health conditions which put them at higher risk of serious disease and mortality'. This also includes those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill.

Cohort 6 is further defined in Green Book Chapter 14a as "Adults aged 16 to 65 years in an at-risk group". The list of at-risk conditions can be further subdivided into three main sub-cohorts:

- Adults aged 16 to 65 years in an at-risk group which includes:
    - Chronic respiratory disease
    - Chronic heart disease and vascular disease
    - Chronic kidney disease
    - Chronic liver disease
    - Chronic neurological disease, including severe or profound learning disability
    - Diabetes mellitus
    - Immunosuppression
    - Asplenia or dysfunction of the spleen
    - Morbid obesity
    - Severe mental illness
- Younger adults in long-stay in-patient, nursing and residential care settings
- Adult carers
    - Those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person, someone who has a severe mental illness or whose welfare may be at risk if the carer falls ill.

Actions for PCN LVSs

PCN LVSs should commence the issue of invitations for individuals within cohort 6 from receipt of allocation information, with appointments for vaccination commencing from Monday 15/02/21.

PCN LVSs should invite individuals aged 16 to 65 with corresponding flags within their clinical record for vaccination. Each clinical condition within cohort 6 has been mapped to clinical codes (SNOMED) available within patient records. The mapping to these

flags within SNOMED should be the primary determiner of eligibility for at risk conditions within cohort 6.

Those aged 65-69 are separately being invited to attend Vaccination Centres. If you have patients in that age group who fall into one of the categories above, you may also invite them to attend an appointment at the LVS.

As with previous cohorts, there will be no end date to cohort eligibility i.e., individuals can choose to accept the offer of vaccination at any time once their cohort has commenced.

Second doses of vaccine should be administered approximately 11 to 12 weeks after the first dose. Sites receiving supplies of Pfizer/BioNTech vaccine will be advised of corresponding second dose supplies in a coordinated manner to enable the appropriate scheduling of second dose clinics.

Asthma

An individual with a more severe case of asthma may have been included in the Clinically Extremely Vulnerable group, in which case they will be vaccinated in group 4.

People with asthma which requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, will be vaccinated in priority group 6.

This will include:

- anyone who has ever had an emergency asthma admission or;
- those who have an asthma diagnosis and have had 3 prescriptions for oral steroids over a 3-month period (each prescription must fall within separate individual month windows), as an indication of repeated or continuous oral steroids.

Learning disability

JCVI determined that those with severe and profound learning disability are in cohort 6. GPs can use GP Learning Disability Registers and SNOMED codes (which describe the impact of learning disability although there is variation in how these are applied) to help identify this group.

We recognise that there may still be people who are not on these registers and the NHS needs to make an extra effort to put this right. GPs should use clinical discretion to ensure the right people who meet the severe and profound learning disability definition are on the register.

Alongside this the NHS is asking our key stakeholders and our voluntary and third sector partners to encourage people who have a severe and profound learning disability to come forward to their local GP. GPs should then assess the individual and if appropriate, add them to the list to be vaccinated. When organising their COVID-19 vaccination, we also advise GPs to use this important opportunity to offer people with a learning disability their annual health check and to book them in for their flu vaccine, so the NHS makes every contact count for this important group of people.

Severe Mental Illness (SMI)

JCVI also determined that those with schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment are within cohort 6, and we would encourage GPs to take a similar approach for this group of people, to that being proposed for learning disability, working in partnership with secondary care mental health services and VCS partners to ensure appropriate outreach mechanisms are in place.

Settings of multiple occupancy

Green Book Chapter 14a states:

"Younger adults in long-stay nursing and residential care settings: Many younger adults in residential care settings will be eligible for vaccination because they fall into one of the clinical risk groups (for example learning disabilities). Given the likely high risk of exposure in these settings, where a high proportion of the population would be considered eligible vaccination of the whole resident population is recommended."

The proposed definition for inclusion of such settings is "a closed community with substantial facilities shared between multiple people, and where most residents receive the kind of personal care that is CQC regulated (rather than help with cooking, cleaning and shopping)".

This would include CQC registered care homes (excluding older people's care homes who were included in Cohort 1) and those identified as part of the Mental Health Services Dataset (MHSDS) as well as Learning Disability settings sites which are not in the MHSDS and Special residential colleges and supported living.

Shared student accommodation, detained estates (including prisons and immigration removal centres) **are excluded** within this definition. The COVID-19 Vaccination Programme is addressing vaccination within detained estates separately in conjunction with Health and Justice teams. Vaccination within these settings for individuals within JCVI cohorts 1-4 has already commenced.

Local systems and regions are best placed to map and assure in-reach to the majority of settings of multiple occupancy through their delivery model mix of providers and should continue to advance their plans for delivery to these settings including the immediate mapping of such settings if this has not already commenced.

Further guidance in the form of a mobilisation support pack including; considerations in advance of a visit to such settings; the consenting process and support to prepare for vaccination for homes, residents and families, will be issued week commencing 15/02/21 on how to support vaccinations in settings of multiple occupancy.

Adult carers

Eligible adult carers will be contacted via the National Booking System (NBS) to receive an invitation to book vaccination through Vaccination Centres, Community Pharmacy LVSs or Hospital Hubs, once a list compiled by NHSE/I in conjunction with Local Authorities has been produced.

Local systems may choose to flex these arrangements based on the needs of their populations and PCN LVSs should be prepared to administer vaccination to eligible adult carers who choose to receive vaccination in LVS settings, and are coded as such on the GP system.

Local systems including both the NHS and Local Authorities should continue to collaborate to ensure that individuals within cohort 6 who are resident in settings of multiple occupancy or are adult carers not flagged within GP systems can be appropriately offered vaccination. Further guidance relating to the vaccination of eligible adult carers will be published as a Standard Operating Procedure (SOP) week commencing 15/02/21. This SOP will detail the specific actions that will be required by Local Authorities, carers organisations, DWP, the NHS and adult carers themselves.

We recognise the difficulties in identifying people in this group. We are asking the third sector to help us identify people through public campaigns, with an ‘ask’ that eligible unpaid carers contact their local authority to make themselves known so they can be prioritised for vaccination through the National Booking Service.

PCN LVSs should also prioritise invitations to carers aged 16 and 17 flagged within their systems to align with their known allocations of Pfizer/BioNTech vaccine. The Pfizer/BioNTech vaccine is the only currently authorised vaccine under Regulation 174 which can be used for individuals aged 16 and 17.

PCN LVSs should coordinate the offer of vaccination to carers flagged in their systems so that the carer and the at-risk individual they care for can be vaccinated at the same time if both individuals are registered within a practice in that PCN.

When administering vaccinations to at risk individuals who are housebound, the PCN LVS should, where it is clinically appropriate to do so, vaccinate both the at-risk individual and their main carer (if present) at the same time.

PCN LVSs should ensure that minimum data set within Pinnacle/ NIMS is utilised to capture the status of eligible unpaid carers at the point of care which will ensure that the Validated Vaccination Event (VVE) can be appropriately counted as the vaccination of an adult carer.

Appendix 1	
Green Book at risk category	**Green Book full definition**
Chronic respiratory disease	Individuals with a severe lung condition, including those with asthma that requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, and chronic obstructive pulmonary disease (COPD) including chronic bronchitis and emphysema; bronchiectasis, cystic fibrosis, interstitial lung fibrosis, pneumoconiosis and bronchopulmonary dysplasia (BPD).
Chronic heart disease and vascular disease	Congenital heart disease, hypertension with cardiac complications, chronic heart failure, individuals requiring regular medication and/or follow-up for ischaemic heart disease. This includes individuals with atrial fibrillation, peripheral vascular disease or a history of venous thromboembolism.
Chronic kidney disease	Chronic kidney disease at stage 3, 4 or 5, chronic kidney failure, nephrotic syndrome, kidney transplantation.
Chronic liver disease	Cirrhosis, biliary atresia, chronic hepatitis.
Chronic neurological disease	Stroke, transient ischaemic attack (TIA). Conditions in which respiratory function may be compromised due to neurological disease (e.g. polio syndrome sufferers). This includes individuals with cerebral palsy, severe or profound learning disabilities, Down's Syndrome, multiple sclerosis, epilepsy, dementia, Parkinson's disease, motor neurone disease and related or similar conditions; or hereditary and degenerative disease of the nervous system or muscles; or severe neurological disability.
Diabetes mellitus	Any diabetes, including diet-controlled diabetes.

Immunosuppression	Immunosuppression due to disease or treatment, including patients undergoing chemotherapy leading to immunosuppression, patients undergoing radical radiotherapy, solid organ transplant recipients, bone marrow or stem cell transplant recipients, HIV infection at all stages, multiple myeloma or genetic disorders affecting the immune system (e.g. IRAK-4, NEMO, complement disorder, SCID). Individuals who are receiving immunosuppressive or immunomodulating biological therapy including, but not limited to, anti-TNF, alemtuzumab, ofatumumab, rituximab, patients receiving protein kinase inhibitors or PARP inhibitors, and individuals treated with steroid sparing agents such as cyclophosphamide and mycophenolate mofetil. Individuals treated with or likely to be treated with systemic steroids for more than a month at a dose equivalent to prednisolone at 20mg or more per day for adults. Anyone with a history of haematological malignancy, including leukaemia, lymphoma, and myeloma and those with systemic lupus erythematosus and rheumatoid arthritis, and psoriasis who may require long term immunosuppressive treatments. Most of the more severely immunosuppressed individuals in this group should already be flagged as CEV. Individuals who are not yet on the CEV list but who are about to receive highly immunosuppressive interventions or those whose level of immunosuppression is about to increase may be therefore be offered vaccine alongside the CEV group, if therapy can be safely delayed or there is sufficient time (ideally two weeks) before therapy commences. Some immunosuppressed patients may have a suboptimal immunological response to the vaccine (see Immunosuppression and HIV).
Asplenia or dysfunction of the spleen	This also includes conditions that may lead to splenic dysfunction, such as homozygous sickle cell disease, thalassemia major and coeliac syndrome.
Morbid obesity	Adults with a Body Mass Index ≥40 kg/m²
Severe mental illness	Individuals with schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment.