



COVID-19 vaccine - Policy Brief (England)

Version 1 - This guidance is correct on 22 January 2021. However, as information is subject to updates, please use the hyperlinks to confirm the information is accurate.

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Background

The Covid-19 pandemic shows the importance of **ensuring the Right to Health and access to healthcare for all**. The pandemic will only be over when it is over for everybody. While many other interventions are also necessary in response to the pandemic, Covid-19 vaccines will be key and must therefore be made available to all people. Distribution that is not **based on need and human rights** will prolong the pandemic, lead to unnecessary suffering and deepen inequalities between and within countries.

The United Nations High Commissioner for Refugees NHCR and International Organization for Migration have called on national governments to ensure Covid-19 vaccines are made available to people in vulnerable situations who are often neglected from health services without discrimination and prioritized for those who are most exposed and vulnerable to the risk of Covid-19.

The UK has secured access to 367 million vaccine doses from 7 developers and 157 million doses of UK-approved vaccines (AstraZeneca, Pfizer/BioNTech and Moderna) have been ordered. It is estimated that the orders from AstraZeneca and Pfizer/BioNTech alone (140 million doses) is sufficient to vaccinate the entire UK population.

Entitlement to the vaccine

In 2020 the [NHS migrant charging regulations](#) governing healthcare entitlement in England were amended to include Wuhan novel coronavirus (2019-nCoV) (now known as Covid-19) in the list of diseases for which no charge is to be made for treatment.

[Public Health England \(PHE\) Migrant Health Guide](#) states:

“Overseas visitors to England, including anyone living in the UK without permission, will not be charged for:

- testing for Covid-19 (even if the test shows they do not have Covid-19)
- treatment for Covid-19, including for a related problem called multisystem inflammatory syndrome that affects some children vaccination against Covid-19
- vaccination against COVID-19

No immigration checks are needed for overseas visitors if they are only tested, treated or vaccinated for Covid-19.”

This means Covid-19 vaccines offered by the NHS will be freely available to everyone, regardless immigration status, and a patient is not required to prove their entitlement to free NHS treatment when accessing covid-19 vaccination services.

Department of Health and Social Care (DHSC) has [asked NHS trusts in England](#) to ensure “patients that are known to be undergoing testing and treatment for COVID-19 only are not subject to Home Office status checks” so that migrant patients (and overseas visitors) are not deterred from seeking treatment for Covid-19.

Vaccination implementation

The Joint Committee on Vaccination and Immunisation (JCVI) has developed a prioritisation strategy for the UK government based on vulnerability. Phase 1 addresses direct prevention of mortality and supporting the NHS and social care system, and prioritises patients in the following order:

- residents in a care home for older adults and their carers
- all those 80 years of age and over and frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and [clinically extremely vulnerable individuals](#)
- all those 65 years of age and over
- all individuals aged 16 years¹ to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality²
- all those 60 years of age and over
- all those 55 years of age and over
- all those 50 years of age and over

Phase two will focus on reducing hospitalisation and targeted vaccination of those at high risk of exposure and/or those delivering key public services.

¹ The AstraZeneca vaccine is only authorised for use in those aged 18 years of age and over, however, JCVI is of the view that this vaccine may be used in those 16 to 17 years of age where there is no access or availability to an alternative approved COVID-19 vaccine

² 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.

JCVI advises that delivery of the first dose to as many eligible individuals as possible should be initially prioritised over delivery of a second vaccine dose.³

In England the NHS is currently offering the Covid-19 vaccine to:

- people aged 80 and over
- some people aged 70 and over
- some people who are clinically extremely vulnerable
- people who live or work in care homes
- health and social care workers.

JCVI advises that implementation of the Covid-19 vaccine programme should involve flexibility in vaccine deployment at a local level with due attention to mitigating health inequalities, such as might occur in relation to access to healthcare and ethnicity.

The vaccine is not being routinely offered to individuals who are pregnant, but JCVI [recommends](#) those who are pregnant and at high risk of getting coronavirus because of where they work or have a health condition that means they're at high risk of serious complications of coronavirus may receive the vaccine. Those who have had a serious allergic reaction to medicines, vaccines or food are also advised not to take the vaccine. Individuals who have immunosuppression and HIV infection (regardless of CD4 count) should be given the vaccine.⁴

The vaccine will be delivered in three ways:

- 1. Local vaccination services.** GP practices working together in groups of primary care networks (PCNs) plus large and small community pharmacy sites. GPs will identify and offer the vaccine to those in priority need (as per the JCVI advice), and vaccines will be offered in a range of settings. These services will reach the highest risk individuals by delivering the vaccine in care homes, the homes of housebound individuals and other settings such as residential facilities for people with learning disabilities or autism and prisons and providing services to reach vulnerable groups such as those who are experiencing homelessness.
- 2. Larger vaccination centres.** Large-scale venues, such as pharmacists, sports halls, stadiums, conference centres theatres, and hotels are being used as centres to vaccinate large numbers of people. NHS patients will be invited by letter, email or text message to book an appointment slot using the National Booking Service.
- 3. Hospital hubs.** NHS trusts will deliver vaccine programmes targeted at health and care workers.

Sources:

- [Joint Committee on Vaccination and Immunisation 'Advice on priority groups for COVID-19 vaccination, 30 December 2020' \(31.12.2020\)](#)
- [NHS information in Coronavirus \(COVID-19\) vaccine \(England\) \(21.01.2021\)](#)
- [PHE 'COVID-19: the green book, chapter 14a' \(21.01.2021\)](#)
- [DHSC 'UK COVID-19 vaccines delivery plan' \(13.01.2021\)](#)
- [NHS England 'List of hospital hubs and local vaccination services'](#)

³ For both Pfizer-BioNTech and AstraZeneca vaccines, a 2-dose schedule is advised. The second dose of the Pfizer-BioNTech vaccine may be given between 3 to 12 weeks following the first dose. The second dose of the AstraZeneca vaccine may be given between 4 to 12 weeks following the first dose. JCVI advises that the second vaccine dose should be with the same vaccine as for the first dose.

⁴ <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

Accessing the vaccine

In England, to receive a vaccine, individuals need to have been allocated an NHS number and be registered with a GP surgery. An individual does not necessarily need to have/ know their NHS number but if they have never been allocated an NHS number they will not be invited (or able) to book a vaccine appointment through either of the delivery pathways for the general public (local vaccination services and larger vaccination centres).

General practices will identify all eligible patient cohorts (based on age or risk status, as per JCVI advice) on their registered list and invite them to book vaccination appointments by letter or phone call. Anyone who is not currently registered at a GP surgery will not be identified as eligible for the vaccine (based on age or risk status) and therefore will not be invited to receive the vaccine.

The [National Booking Service for Covid-19 vaccinations](#) will also identify individuals (based on age) and will be used to invite and book people in for their vaccination at larger vaccination centres. Individuals who receive an invitation for the vaccine will then be able to access the booking service, either online or by telephone through the Operations Centre (via 119). To book an appointment they will need to provide an NHS number or their name, date of birth and address. The name, date of birth and address provided must match the details provided when the person registered with their current (or most recent) GP. If required, the 119 helpline can provide support in different languages. The booking service will not have a record for individuals who have not been allocated an NHS number and these individuals will not be invited to book an appointment.

Sources:

- [DHSC 'UK COVID-19 vaccines delivery plan' \(13.01.2021\)](#)
- [NHS England 'Standard operating procedure: COVID-19 local vaccination services deployment in community settings' \(14.01.2021\)](#)
- [NHS England 'COVID-19 Vaccination Centres: Operating Framework' \(20.10.2021\)](#)
- [NHS England 'COVID-19 vaccination centres: information and guidance on setting up and managing the booking capacity of each vaccination centre' \(20.01.2021\)](#)

Challenges faced by excluded populations

There is a high degree of concern that the UK vaccination programme will overlook the specific barriers faced by (and needs of) refugee, migrant and other marginalised communities.

JCVI has called on NHS England and Improvement, DHSC, PHE and the devolved administrations to identify and address unequal access to the vaccine in programme implementation through culturally competent and tailored communications and flexible models of delivery. NHS England requires services providing vaccines to ensure the service is accessible to all members of their community and take reasonable steps to improve access and reduce potential inequalities in access.

Although there are some individuals and populations who will be best served by tailored models of vaccine delivery, mainstream vaccine delivery programmes can (and should) be designed and implemented in ways that enable and encourage marginalised communities to access them.

GP registration and NHS number

At present individuals need to be registered with a GP and have an NHS number in order to access the vaccine.

Everyone is [eligible to register with a GP and receive primary care services free of charge](#), regardless of immigration status. However, refugee and migrant communities, people experiencing homelessness and Gypsy Roma and Traveller communities have low levels of GP registration and are often incorrectly prevented from registering with a GP surgery.⁵ GP registration challenges have been compounded during the pandemic, as people have been dispersed from their normal source of healthcare, registration process have moved online and people seeking asylum and people experiencing homelessness have been temporarily accommodated in hotels and remote disused army barracks.

NHS England is advising all unregistered patients to [register with a GP](#) in order to receive the vaccine and has specific guidance for [refugees and asylum seeking \(and undocumented migrant\) patients](#), [Gypsy, Roma and Traveller communities](#) and [people experiencing homelessness](#). The Ministry of Housing, Communities and Local Government has provided local authorities with funds to support people experiencing homelessness to register with a GP and ensure they are factored into local area vaccination plans.⁶

NHS England has issued clear guidance to GP surgeries clarifying:

- [Everyone is entitled to register with a GP surgery and receive free primary care services regardless of immigration status](#). Registration cannot be declined if a person does not have proof of ID, address or immigration status.
- [Practices should continue to register new patients during the pandemic, prioritising those with no fixed address, asylum seekers, refugees and people leaving custody](#). Delivery of applications for patient registration may be by any means, including post and digital (eg scanned copy). Where a practice has online registration options, a supporting signed letter from the patient, posted or emailed to the practice, is acceptable to complete the registration.
- [Unregistered patients who request a vaccination from a PCN site should be assessed for eligibility \(based on the JCVI criteria\) and vaccinated](#). They should not be turned away or signposted elsewhere and should be encouraged to register with a GP.

Primary Care Support England (PCSE) has [guidance for GP practices](#) on how to register a person with no fixed abode (see: '[How do I register a homeless patient?](#)') and a migrant patient without an NHS number (see: '[How do I get an NHS number if I am unable to trace the patient?](#)'). This guidance will also assist patients and support organisations to fill in registration (GMS1) forms correctly.

DOTW's [Safe Surgeries initiative](#) provides resources, training and support for GP practices on how to ensure their services (and registration processes) is accessible to everyone in their community., the initiative has published a [Covid-19 toolkit for general practice](#).

⁵ <https://www.doctorsoftheworld.org.uk/wp-content/uploads/2019/08/Registration-Refused-final.pdf>; <https://www.gypsy-traveller.org/wp-content/uploads/2019/03/No-room-at-the-inn-findings-from-mystery-shopping-GP-practices.pdf>; https://groundswell.org.uk/wp-content/uploads/2018/10/NHS100012_More-than-a-statistic-Final-2017-1.pdf

⁶ [https://mcusercontent.com/c4876cb152fa1983ef265ad1b/files/4738f4b6-15c4-4186-bb9d-65625993e54e/Letter_from_SoS_MHCLG_8th_January_2021.pdf?mc_cid=7127108700&mc_eid=\[5c71dc9153\]](https://mcusercontent.com/c4876cb152fa1983ef265ad1b/files/4738f4b6-15c4-4186-bb9d-65625993e54e/Letter_from_SoS_MHCLG_8th_January_2021.pdf?mc_cid=7127108700&mc_eid=[5c71dc9153])

How to get an NHS number

There are three ways for a person to obtain an NHS number:

- Every baby born in England and Wales is given an NHS Number at birth
- By registering with a GP. Individuals who do not already have an NHS number will be assigned one during registration.
- People who pay the immigration health surcharge (IHS) as part of a visa or immigration application are allocated an NHS number before they arrive in the UK.

Migrants who have not paid the IHS, refugees and asylum seekers will not have an NHS number unless they are (or have previously been) registered with a GP. To obtain an NHS number for the first time these individuals will need to register with a GP. Once the registration application has been [processed by PCSE](#) (4-11 working days) the patient will receive a medical card, which includes their NHS number, at their home address and the GP practice will receive the NHS number for the patient via the GP links. PCSE has guidance for GP practices on how to register migrant patients without an NHS number (see: [‘How do I get an NHS number if I am unable to trace the patient?’](#)). This guidance will also assist patients and support organisations to fill in registration (GMS1) forms correctly.

Migrant patients who have paid the IHS will have been allocated an NHS number when their visa was granted.

Sources:

- [NHS England Primary Medical Care Policy and Guidance Manual \(19.09.2019\)](#)
- [NHS England Standard Operating Procedure: General practice in the context of coronavirus \(COVID-19\) 24.12.2020](#)
- [NHS England ‘Standard operating procedure: COVID-19 local vaccination services deployment in community settings’ \(14.01.2021\)](#)
- [NHS England ‘What is an NHS number?’ \(10.12.2019\)](#)
- [Primary Care Support England ‘A Guide to Patient Registrations’ \(22.01.21\)](#)

Data sharing and immigration control

The fear that the NHS will share patient information with the Home Office often prevents individuals subject to immigration controls from accessing NHS services and has eroded trust in the NHS within black and minority ethnic (BME) communities. NHS services are required to send the Home Office information about patients who have outstanding bills as a result of the NHS migrant charging regulations.⁷ This information can be used by the Home Office to refuse a visa application and to carry out immigration enforcement visits at the patients’ home address.⁸

When a patient accesses a free NHS service there is no need for (or requirement on) the service to carry out immigration status checks or to share any information with the Home Office. Primary care services, including all GP services, and Covid-19 vaccination services are free for everyone regardless of immigration status meaning all patients should feel safe to access these services without repercussion.⁹

⁷ <https://www.gov.uk/government/publications/nhs-patient-debt-guidance-on-administration-and-data-sharing>

⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774736/An_inspection_of_Home_Office_collaborative_working_with_OGDs_and_agencies_web_version.pdf

⁹ Between 2017 and May 2018 NHS Digital shared non-clinical patient information held on the NHS with the Home Office for immigration enforcement purposes. This policy was suspended in May 2018:

<https://www.theguardian.com/society/2018/nov/12/home-office-scrap-scheme-that-used-nhs-data-to-track-migrants>

DHSC has [asked NHS trusts in England](#) to ensure “patients that are known to be undergoing testing and treatment for COVID-19 only are not subject to Home Office status checks” so that migrant patients are not deterred from seeking treatment for Covid-19.

To ensure all patients receive the vaccine, DHSC needs to suspend the NHS migrant charging policy and proactively rebuild trust about the NHS’s data sharing practices within migrant and BME communities. NHS England, Covid-19 vaccine delivery programmes and GP practices will need to provide accurate information to patients with concerns about their data being shared with the Home Office.

Annex 1: Translated and tailored Covid-19 vaccine resources

- [PHE 'COVID-19 vaccination: easy-read resources'](#)
- [PHE 'COVID-19 vaccination: guide for older adults'](#)
- [PHE 'What to expect after your COVID-19 vaccination'](#)
- [PHE 'COVID-19 vaccination: why you are being asked to wait'](#)
- [PHE COVID-19 vaccination: women of childbearing age, currently pregnant or breastfeeding'](#)
- [BBC 'Coronavirus vaccine Q&A in five South Asian languages'](#)
- [Central and North West London CCG Covid-19 vaccine advice video in different languages](#)