



COVID-19 vaccine - Policy Brief (England, Scotland and Wales)

Version 2- This guidance is correct on the 21st of June 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 demonstrates the importance of **ensuring everyone can access healthcare services**. 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. 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 prioritised for those who are most exposed and vulnerable to the risk of Covid-19.

The UK has secured access to 517 million vaccine doses¹ from 8 developers and 247 million doses of UK-approved vaccines (AstraZeneca, Pfizer/BioNTech, Moderna and Janssen) have been ordered. It is estimated that the orders from AstraZeneca and Pfizer/BioNTech alone (200 million doses) is sufficient to vaccinate the entire UK population.

As of 19 June, a first vaccination dose has been delivered to 42,964,013 adults in the UK, 31,340,507 of which have also received a second dose. However, data show lower rates of covid-19 vaccinations in ethnic minority (white people 42.5%, black people 20.5%) and deprived communities.²

¹ <https://www.gov.uk/government/news/uk-secures-extra-60-million-pfizerbiontech-covid-19-vaccines>

² <https://www.opensafely.org/research/2021/covid-vaccine-coverage/>

Entitlement to the vaccine

In 2020 the regulations governing healthcare entitlement in England, Scotland and Wales 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.³

[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 of their 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 requested [NHS trusts](#) 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, Phase two will focus on reducing hospitalisation and targeted vaccination of those at high risk of exposure and/or those delivering key public services.

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.⁴

As of the 21st of June, a Covid-19 vaccine is being offered to:

- people aged 18 and over
- people who are at [high risk from coronavirus](#) (those with long term health conditions)
- people who are at greater risk of complications from coronavirus due to existing medical problems (such as COPD, asthma, heart problems, kidney or liver disease, diabetes and other long term health problems)

³ <https://www.legislation.gov.uk/uksi/2020/59/contents/made> ;
<https://www.legislation.gov.uk/ssi/2020/17/regulation/2/made> ;

<https://gov.wales/sites/default/files/publications/2020-05/the-national-health-service-charges-to-overseas-visitors-amendment-wales-regulations-2020.pdf>

⁴ 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.

- people with a learning disability
- people who live or work in care homes
- health and social care workers
- people who are a main carer for someone at high risk from COVID-19

[Find out more about who can get a COVID-19 vaccine](#)

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

Advice if you're of childbearing age, pregnant or breastfeeding

The Joint Committee on Vaccination and Immunisation (JCVI) has advised that pregnant women should be offered COVID-19 vaccines at the same time as people of the same age or risk group. In the USA, around 90,000 pregnant women have been vaccinated mainly with Pfizer and Moderna vaccines and no safety concerns have been identified.

Pfizer and Moderna vaccines are the preferred vaccines for pregnant women of any age who are coming for their first dose.

Anyone who has already started vaccination and is offered a second dose whilst pregnant, should have a second dose with the same vaccine unless they had a serious side effect after the first dose.⁵

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.⁶

Reports of extremely rare blood clots

Recently there have been reports of an extremely rare but serious condition involving blood clots and unusual bleeding after AstraZeneca (AZ) vaccination. Some people with this condition have suffered life changing effects and some have died. These cases are being carefully reviewed but the risk factors for this condition are not yet clear.

Although this condition remains extremely rare there is a higher risk in people after the first dose of the AZ vaccine.⁷

For people under 40 without other health conditions, it's currently advised that it's preferable to have another COVID-19 vaccine instead of the Oxford/AstraZeneca vaccine.

Vaccine delivery

Vaccinations are primarily being delivered through vaccination centres, such as pharmacists, or in sports halls, stadiums, conference centres theatres, and hotels, and via local vaccination services which aim to reach the highest risk individuals (see [DOTW's briefing on outreach vaccination services](#)). NHS trusts have also delivered vaccine programmes targeted at health and care workers through hospital hubs.

⁵ <https://www.gov.uk/government/publications/covid-19-vaccination-women-of-childbearing-age-currently-pregnant-planning-a-pregnancy-or-breastfeeding/covid-19-vaccination-a-guide-for-women-of-childbearing-age-pregnant-planning-a-pregnancy-or-breastfeeding#is-covid-19-disease-serious-in-pregnancy>

⁶ <https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a>

⁷ <https://www.gov.uk/government/publications/covid-19-vaccination-and-blood-clotting/covid-19-vaccination-and-blood-clotting>

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 \(England\) \(08.06.2021\)](#)
- [NHS Inform on Coronavirus \(COVID-19\) vaccine \(Scotland\) \(08.06.2021\)](#)
- [Public Health Wales, NHS Wales on NHS Inform on Coronavirus \(COVID-19\) vaccine \(Wales\) \(08.06.2021\)](#)
- [PHE 'COVID-19: the green book, chapter 14a' \(07.05.2021\)](#)
- [DHSC 'UK COVID-19 vaccines delivery plan' \(13.01.2021\)](#)

Accessing the vaccine

England

The National Booking Service is the main way patients can access the COVID-19 vaccination programme in England. Once an individual becomes eligible for the vaccine (based on their age) they will be able to book an appointment to receive a vaccination through the online service. An individual does not necessarily need to have or know their NHS number but if they have never been allocated an NHS number they will not be able to book a vaccine appointment through the online system.

People who are not registered with a GP and who have never been allocated an NHS number will not be able to book a vaccination appointment through the National Booking System.

Patient can verify whether they have already been given an NHS number by visiting this [page](#).

For more information on how to obtain an NHS number see [DOTW's briefing on access to NHS primary care services](#).

Some vaccination centres provide drop-in appointments enabling people to receive the vaccination without an appointment.

Individuals should not be required to provide proof of identity or eligibility to book and subsequently access vaccination appointments. However, carers may be asked to prove their eligibility to receive the vaccination by providing their work identity card.

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.

Scotland

People who are eligible (based on JCVI guidance) to receive the vaccination will receive a letter from the national vaccination programme in a distinctive blue envelope. The invitation provides the location, date and time of the vaccination appointment plus instructions on how to change the appointment if necessary.

People aged between 16 and 64 who provide face-to-face care for a family member or friend can register for a vaccination appointment by calling the national helpline on 0800 030 8013.

If you are not registered with a GP or do not have Community Health Index (CHI) number you can still get the vaccine by phoning the helpline on 0800 030 8013.

See DOTW's briefing on access to NHS primary care services for more information on GP registration and obtaining an NHS number (known in Scotland as the Community Health Index (CHI) number)

Wales

People who are eligible (based on JCVI guidance) to receive the vaccination will be contacted directly by either telephone or letter by their local health boards.

It is also important to check that your GP has your most up-to-date contact details.

If you have not received an invitation or think you have been missed, please contact your local health board directly.

Visit this [page](#) for the contact details of all the health boards across Wales.

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' \(20.01.2021\)](#)
- [NHS Inform 'How you will get the coronavirus vaccine' \(08.06.2021\)](#)
- [Welsh Government 'Getting your Covid-19 vaccine' \(17.05.2021\)](#)
- [Welsh Government 'Get your COVID-19 vaccination if you think you have been missed' \(07.06.2021\)](#)

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 (see [DOTW's outreach briefing](#)), 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

The systems in place to allocate vaccination appointments in England, Scotland and Wales require individuals to be registered with a GP or to have an NHS number.

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.⁸ 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.⁹ See [DOTW's briefing on access to NHS primary care services](#) for more information on GP registration and obtaining an NHS number.

In some regions, vaccination centres are providing drop-in appointments to enable people who are not registered with a GP or who do not have an NHS number to access the vaccine. See [DOTW's briefing on COVID-19 vaccination outreach services](#) for more details.

Data sharing and immigration control

In February 2021, the Parliamentary Under Secretary of State at the Department of Health and Social Care (Minister for COVID Vaccine Deployment), confirmed¹⁰ that anyone receiving the vaccine would not have their immigration status checked. This is in line with the previous commitment that anyone seeking a test or treatment for coronavirus would not have their immigration status checked.

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.

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 services provided by GP, are free for everyone regardless of immigration status meaning all patients should feel safe to access these services without repercussion.¹¹

Public Health England's Migrant Health Guide¹² outlines the circumstances when patient data is shared with the Home Office:

“Healthcare professionals will not usually share personal medical information, even if requested by other government agencies. This is because sharing personal medical information is likely to be a breach of patient confidentiality and a violation of healthcare professional's obligations under the Data Protection Act.

Personal data, such as someone's name, address or medical details, will only be shared with other bodies when consent is given or under circumstances of legal necessity. These circumstances are strictly controlled by data protection law, which includes a legal duty to communicate what data is being

¹⁰ <https://www.bbc.co.uk/news/uk-politics-55978334>

¹² <https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide#data-sharing>

shared, and when. Under these strictly controlled conditions, personal data, not including medical data, can currently be shared for the following reasons:

- *The NHS can seek information from the Home Office about a person's immigration status to inform an assessment of their eligibility for free NHS treatment. They must also share with the Home Office information about overseas visitors who have NHS debt. For services provided on or after 6 April 2016, data is shared if the debt is £500 or more and has been unpaid for 2 months or more. This debt may affect a person's future immigration application.*
- *The memorandum of understanding (MOU) between the Home Office and NHS Digital to process information requests for the purposes of tracing immigration offenders was withdrawn on 9 November 2018. NHS Digital can continue to share personal data with the Home Office only in circumstances where requests for non-medical information is in the interests of safeguarding an individual and necessary to protect a person's welfare."*

Despite reassurances that NHS data will only be shared in limited circumstances, patients with insecure immigration status continue to avoid NHS services¹³, including GP practices and vaccination services. GP practices continue to [routinely ask patients to disclose information about their immigration status](#) when registering and some vaccination services have asked for proof of identity from patients. 374 civil society organisations have called on the UK government to suspend the NHS migrant charging and data sharing policy.

Vaccine Passports

The production of reliable tests to detect COVID-19 and more recently, the availability of several vaccines that provide protection against the virus, have led to discussions about the possibility of introducing vaccine passport or immunity certificates.¹⁴ Whilst vaccine passports and immunity certificate may prove to be an effective public health intervention, concerns have been raised that the use of certification or immunisation data to grant privileged and exclusive access to rights creates risks of discrimination and arbitrariness¹⁵ and WHO has called for a cautious approach.¹⁶

Because of the wide range of challenges that people with insecure immigration status face accessing vaccines, it is likely this population would be disproportionately impacted by restrictions placed on individuals without proof of vaccination or immunity, giving rise to inequalities in access to opportunities, knowledge, services and goods.¹⁷ A digital-only approach to vaccine / immunity passports would be particularly exclusive due to high levels of digital exclusion within this population¹⁸, it would be important for any such policy to include a physical, non-digital proof of vaccination or immunity.

¹³ For more on this see: The Joint Council for the Welfare of Immigrants report "Migrants deterred from healthcare during the COVID-19 pandemic" authored by Zoe Gardner available at: <https://www.jcwi.org.uk/Handlers/Download.ashx?IDMF=fa346f70-cb08-46c1-b366-9a1f192ff4f3> and the report "Migrants Access to Healthcare During the Coronavirus Crisis" published by Medact, Migrants Organise, New Economics Foundation. Available at: <https://www.medact.org/wp-content/uploads/2020/06/Patients-Not-Passports-Migrants-Access-to-Healthcare-During-the-Coronavirus-Crisis.pdf>

¹⁴ See for instance World Health Organisation "Interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers" Available at <https://www.who.int/news-room/articles-detail/interim-position-paper-considerations-regarding-proof-of-covid-19-vaccination-for-international-travellers>

¹⁵ <https://rm.coe.int/protection-of-human-rights-and-the-vaccine-pass/1680a1fac4>

¹⁶ In an interim position paper issued in February 2021 the World Health Organization argued for a cautious approach on the issues and highlighted these key concerns Available at <https://www.who.int/news-room/articles-detail/interim-position-paper-considerations-regarding-proof-of-covid-19-vaccination-for-international-travellers>

¹⁷ <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04>

¹⁸ <https://www.doctorsoftheworld.org.uk/wp-content/uploads/2020/05/covid19-full-rna-report.pdf>

Evidence shows people with insecure immigration status are reluctant to share personal information with NHS services because of the NHS's historical and current practice of passing information into the Home Office for immigration enforcement work. For this population to feel safe to obtain vaccine / immunity certification, clarity about the way in which data collected for a vaccine / immunity passport policy is used and shared, and in particular the level of sharing with other government agencies, is needed.

Recommendations:

- Guarantee a firewall that prevents any patient information gathered by the NHS or Test and Trace being used for the purposes of immigration enforcement.
- DHSC remove the supplementary question on immigration status from the GMS1 (patient registration) and update the User Guide for GP practices inline with the ministerial commitment that those accessing the vaccination will not face immigration checks.
- DHSC to produce infographics and other informative material to clarify the way in which data is shared between NHS and other government bodies and law enforcements agencies
- NHS England, Scotland Inform and NHS Wales to issue guidance that vaccination services should not ask patients accessing their services to provide immigration status or proof of ID.
- The need for vaccine passport and immunity certificates of being inclusive, regardless of one's digital skills so to avoid the documents further increasing inequalities already present in society.
- NHS England, Scotland Inform and NHS Wales to issue guidance and offer clear pathways for people without an NHS number to be given the vaccine.
- Fund a public information campaign to ensure that communities impacted by the Hostile Environment are aware of their right to access the vaccine and the steps taken above.
- Develop proposals for vaccine passports and immunity certificates which take into account their need to be inclusive and non-discriminatory

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](#)