**Referral for year-round access to additional Covid-19 vaccination at North West London CP House**

NOTE: This referral form is only to be used by North West London GPs and treating physicians to refer a newly severely-immunosuppressed patient for a COVID-19 vaccine at CP House (97-107 Uxbridge Road, Ealing, W5 5TL). Completed referral forms must be saved locally and emailed to [c19.roving@nhs.net](mailto:c19.roving@nhs.net). Appointments will be managed and scheduled by the Roving Team upon receiving the referral form.

[*Insert date here*]

Dear NHS NW London Roving Team,

**IMPORTANT INFORMATION:**

PATIENT NAME:

DATE OF BIRTH:

NHS NUMBER:

PATIENT CONTACT NUMBER:

## **To be used for COVID-19 vaccination for individuals who:**

## **are aged 6 months and over and have a health condition or are receiving treatment that severely weakens their immune system outside of a seasonal COVID-19 vaccination campaign, OR**

## **require revaccination following Chimeric Antigen Receptors Cell Therapy (CAR-T) or stem cell transplantation and recovery.**

As outlined in [Chapter 14a of the Green Book](https://www.gov.uk/government/publications/covid-19-the-green-book-chapter-14a), individuals who have severe immunosuppression may be at high risk of severe COVID-19 and less able to sustain any protection from previous vaccination or exposure.

Individuals who receive bone marrow transplants, and many individuals who receive CAR-T for certain conditions, may lose immunological memory from vaccination received prior to the treatment and the development of the underlying condition. After treatment and recovery, these individuals should be considered for a full course of revaccination of all vaccines including COVID-19 vaccine, regardless of the time of year.

## **Recommendation for this individual**

The individual detailed above has:

a) a severely weakened immune system due to [*insert relevant information about diagnosis or treatments or delete as applicable*].

b) had CAR-T or stem cell transplantation [*insert relevant information about diagnosis or treatments or delete as applicable*].

I have reviewed their clinical circumstances and recommend the individual above receive a COVID-19 vaccine1.

Based on a review of their immunosuppressive therapies, I recommend that vaccination take place between/from [*insert dates based on clinical judgement*].

## **Action required**

Please direct this patient to the nearest available COVID-19 vaccination opportunity.

If you do not know where COVID-19 Vaccination is available, details can be found in the local year-round vaccinations standard operating procedure (SOP). This should be available via the patient’s local Integrated Care Board. For more information, go to [www.england.nhs.uk/local-covid-19-vaccination-contacts](http://www.england.nhs.uk/local-covid-19-vaccination-contacts).

If you need further clinical guidance regarding this request, please contact the team using the details below:

[*Insert specialist contact details*]

Yours sincerely,

[SIGN OFF FROM SPECIALIST]

[TITLE/ORGANISATION]