

NHS Board Meeting
28 April 2021

Lanarkshire NHS Board
Kirklands
Fallside Road
Bothwell
G71 8BB
Telephone: 01698 855500
www.nhslanarkshire.scot.nhs.uk



SUBJECT: COVID-19 VACCINATION DELIVERY PROGRAMME UPDATE

1. PURPOSE

The purpose of this paper is to provide Board Members with an update on the Covid vaccination programme.

For assurance	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been prepared by Dr Mark Russell, Associate Medical Director, North Lanarkshire, Health & Social Care Partnership.

3. SUMMARY OF KEY ISSUES

The Covid-19 Vaccination Programme is a key priority for NHS Lanarkshire as it represents a substantial contribution to the national exit strategy from the Covid-19 pandemic.

Structure of programme

A tactical group was set up within the Covid-19 Command Structure in November 2020. The tactical group now meets weekly for planning and oversight purposes, aligned with the reduced frequency of meetings of Strategic Command. An additional weekly operational meeting is now led by the Service Manager with daily operational stand-up meetings.

The tactical group continues to report to the weekly Strategic Command Group meetings.

Appendix 1 sets out the local Programme Structure

Responsibility for the delivery of the Covid-19 vaccination programme is divided between the national programme and territorial health boards. The national programme is responsible for setting programme policy, pace, providing monitoring, reporting, vaccine supply control and clinical governance structures. It is also responsible providing scheduling and rebooking functions through the National Vaccination Scheduling System (NVSS), Online Appointment Management Service and national Covid Vaccination Helpline.

NHS Lanarkshire is responsible for providing physical infrastructure for vaccination delivery, workforce and linking with national scheduling systems.

Population priorities

The aim of the Covid-19 vaccination programme is to protect those who are at most risk from serious illness or death from COVID-19. The Joint Committee on Vaccination and Immunisation

(JCVI) was therefore asked to consider the available epidemiological, microbiological and clinical information and provide advice to support the development of a vaccine strategy.

This advice prioritised vaccination in this order:

Cohort	Description	Cohort Size	Wave
1	Residents in a care home for older adults and their carers	7,901	1
2	All those 80 years of age and over Frontline health and social care workers	28,994 >27,000	
3	All those 75-79 years of age	20,962	2
4	all those 70-74 years of age Clinically extremely vulnerable individuals over 16 years of age	30,726 23,605	
5	All those 65-69 years of age	35,361	
6	All individuals aged 16 to 64 years in an at-risk group Unpaid Carers	74,325 11,925	
7	All those 60-64 years of age	24,417	3
8	All those 55-59 years of age	28,805	
9	All those 50-54 years of age	32,989	
10, 11, 12	All those 16 – 49	~222,000	

It is noted that the cohort figures above are significantly different in some cases to those previously presented. A data analysis exercise has been undertaken to facilitate moving away from the use of Public Health Scotland mid 2019 estimates, to figures calculated from actual cohort data files scheduled. This eliminates double counting and facilitates more accurate uptake monitoring, however it should be noted that the age band cohorts will no longer represent the actual number of individuals of that age living in Lanarkshire.

Update on Progress

Since the time of the last report to the Board, NHS Lanarkshire has moved the primary appointing locations to its two new Supercentres, which have together handled up to 7,000 patients per day. This has enabled NHS Lanarkshire to be among the first boards in Scotland to have offered all patients in Cohorts 1-9 an appointment, by 28 March 2021, over two weeks ahead of Scottish Government's mid-April deadline. At the time of writing 388,736 vaccinations have been given in Lanarkshire and over 50% of the adult population has been vaccinated. 53,259 people have now received their 2nd vaccine.

Appointments in local centres have also been made available for those unable to travel to a supercenter. These centres are based in Cumbernauld, Coatbridge, Bellshill, Fernhill, Hamilton, Stonehouse and Lanark. They have run on an intermittent basis and capacity has been increased to match demand. 6% of patients within the cohorts booked since the move to Supercentre-first appointing have opted to rebook into a local centre. There has been some geographic variation in this but approximately only 11% of patients from Cumbernauld and Kilsyth, which has the highest rebooking rate, chose to rebook.

There has been a slight decrease in DNA rate since the last report with 11.1% of patients not attending their appointment each day. This is a slight increase from 10% under the previous model

but also coincides with a Scotland-wide rise in DNA rates which are at the same level. This is believed to be due to adverse publicity surrounding the AstraZeneca Vaccine over the last few weeks, relating to the suspension of use for adverse events investigation.

Workforce

An update on workforce is attached as Appendix 2 to this paper.

It should be noted however that the change to Supercentre model has resulted in a significant stabilisation of the workforce, and, with the exception of the nursing staff initially employed within the Primary Care Improvement Plan to deliver the Vaccine Transformation Plan, all clinical staff who were redeployed to the service have returned to their substantive posts.

This has also facilitated staff development, the formation of stable teams, and the introduction of a number of improvements to the clinical model which has resulted in a significantly more efficient utilisation of registered staff.

Challenges

Challenges highlighted in the previous report have been addressed as below.

1. Communication concerns

Additional press coverage and updates are being given weekly to MSPs/LEMs

2. Concerns about rebooking system

We have worked with the National Rebooking Team and they have put additional technical measures in place to help staff locate vacant appointments. In addition, they have given us the ability to brief their staff directly via their Knowledgebase.

3. Concerns about accessibility and transport

Additional clinics are being provided at Muirfield, Cumbernauld with extra days coverage as well as being open 8-8 to deliver cohort 3 & 4 second doses

- Free shuttle buses from both Motherwell and Cumbernauld direct to Ravenscraig
- Worked with SPT to divert scheduled buses to improve local access to Ravenscraig and increase the frequency of scheduled services to Alistair McCoist Complex in East Kilbride
- Compiled a travel guide with the assistance of SPT
- Worked with SPT to move from the National Helpline taking all vaccination related queries to the SPT TravelLine taking all transport queries.
- Developing tiered options in conjunction with SPT so that SPT can offer scheduled service advice but also Demand Responsive Travel or assistance from third sector Community Transport Providers if scheduled services are unsuitable.

Progress and future trajectory

As mentioned above, all people in cohorts 1-9 were offered an appointment by 28 March 2021. The last few weeks have mainly been used for the vaccination of self-identified carers and mop up of other groups via local centres. Additionally, this has also allowed us to vaccinate the housebound population as well as 'hard to reach' groups, e.g. the homeless community.

In addition, work is underway on the second dose vaccination of those over 80, health and social care workers and nursing home residents. All those care home residents who are currently eligible residents have now completed their full course. Mop up sessions are ongoing. Second doses for

those over 80 will largely be carried out by GP surgeries as it was for first dose. There are a small number of surgeries not participating and vaccinations to their population will be carried out through local centres.

The first vaccines to cohort 3 (75-79 year olds) were given on 1 Feb. Second doses are due by 26 April. Local clinics are again being re-opened for the over 70s and appointments are being allocated for these.

The vaccination of those under 50's will commence w.c. 26 April with significant numbers being appointed throughout May.

Longer term scenario planning work is underway for the likely requirement of vaccination services over the next year and beyond.

Vaccine waste

This is significantly lower than stated national targets (1%) at 0.3%

Communications

Communications have centred around a number of key messages:

- In order to return to normal as quickly as possible, we need to accelerate the vaccination programme
- The fastest way to do this is through Supercentres, so all those who can attend an appointment there should
- There will still be access to Local Centres for those who need them – the national helpline can help you change your appointment if you need to
- We are providing support with a range of transport options
- This is the most important journey you'll make this year
- These changes use our highly trained staff more efficiently, and this means that the other health services you need will return to normal
- We're listening to communities and elected members, and we'll adapt as we go – and already have

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>

Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

These are set out in the update in terms of projected activity and management of the programme.

7. FINANCIAL IMPLICATIONS

Not applicable.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There are a number of specific risks recorded in the corporate risk register, however there are three broad challenges which the programme will face over coming weeks:

- Sufficient workforce to complete programme**
 All redeployed staff have now been returned to their normal working environment. This increases the reliance on bank staff and independent contractors. As services remobilise, the availability of independent contractors and bank staff in the medium to longer term is not guaranteed as the demands for their time elsewhere increases.
- Interface with national systems**
 As second doses begin, the complexity of scheduling will increase substantially at a time of minimal vaccine supply and reserve. This will necessitate the development of sophisticated tools within the National Vaccine Scheduling System to ensure that appropriate volumes of patients are scheduled depending on vaccine availability and that appropriate volumes of each vaccine are available on each site on a daily basis. We are also reliant on NVSS to meet the timescales for the delivery of invites.
- Ensuring uptake remains high**
 As we progress into younger age groups, it is likely that vaccine uptake may fall.

These risks are being addressed by:

- Delivery model changes have been implemented to reduce the number of registered staff required and a workforce plan has been put in place to manage the number of core staff the programme has available. Ongoing engagement with staff and independent contractors to ensure staff engagement and participation in the service remains high
- clear engagement with Scottish Government to ensure that the challenges present and assistance required from national programme are clearly understood
- Close monitoring of uptake rates will be used to drive a targeted mop up campaign.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

Equality, Public Health and Health Improvement Colleagues are working with the Tactical Group to refresh the HIIA and construct models for harder to reach groups

11. CONSULTATION AND ENGAGEMENT

Not Applicable.

12. ACTIONS FOR THE BOARD

Approve	<input type="checkbox"/>	Be Assured	<input checked="" type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board is asked to

1. Note the progress being made in relation to the Covid-19 vaccination programme; and
2. Derive assurance that vaccination uptake rates are high and that the risks inherent in the programme are being actively managed.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Dr Mark Russell
Associate Medical Director
North Lanarkshire Health & Social Care Partnership

Appendix 1 – Programme Structure

