

NHS Board Meeting
30 June 2021

Lanarkshire NHS Board
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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 meets now meets weekly for planning and oversight purposes. 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 Strategic Command Group meetings which are once again being held weekly; in addition, an Operational Delivery Group meeting is held weekly to ensure regular reporting to the Chief Executive.

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 the following 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	
8	All those 55-59 years of age	28,805	3
9	All those 50-54 years of age	32,989	
10	All those 40-49 years of age	54,519	
11	All those 30-39 years of age	60,861	
12	All those 18-29 years of age	68,468	

Update on Progress

Since the time of the last report to the Board, NHS Lanarkshire has completed the second vaccinations for people vaccinated in March and April. This means that all those in cohorts 1-9, with the exception of some unpaid carers who presented later have now been offered both vaccinations

In addition, due to the increased reliance on second vaccination for protection from the Delta Variant, JCVI recommended a reduction in the interdose interval from 8 to 12 weeks as well as recommending an acceleration within all cohorts. As NHS National Services Scotland were unable to change NVSS schedules for June which had already been processed, permission was sought from and granted by Scottish Government to deviate from cohort prioritization and chronological ordering of second doses, and undertake cohorts 11 and 12 first doses, as well as March and April second doses simultaneously. In order to undertake this simultaneous delivery, we requested and received military support from UK Government; this helped us to boost the number of daily appointments offered in mid-June to a maximum of 9,500, significantly about our population share of 400,000 maximum target doses (approximately 6,500).

As a result all second dose scheduling has been brought forward to 8 weeks by 22 June and will now be maintained between 8 and 9 weeks. The whole population of Lanarkshire known to the board over 18 will have been offered a first dose appointment by 30 June, significantly ahead of Scottish Government's national deadline. NHS Lanarkshire expects to be the first Board to reach this milestone.

This has resulted in the delivery of 786,645 doses at the time of writing. NHS Lanarkshire currently has the highest first dose uptake of all Boards for those over 40, with 97.3% of the population having

been vaccinated. 81.8% of that same group have received both vaccinations. Including all those over 18, 88.1% of Lanarkshire's population has received one dose and 63.2% has received both.

Workforce

Ongoing recruitment of band 3 and 5 is taking place to ensure a stable workforce is available over the summer period and for the start of the flu season.

Future Delivery

The programme has now entering a mop up phase, and daily drop in clinics across Lanarkshire are now available, as well as significant capacity which is bookable through the NVSS telephone and online service. It is not expected that second dose delivery will exceed one third of the previous workforce capacity over the summer period. This will facilitate the programme to use a more localised approach, with resources being diverted to more resource intensive local delivery options as overall output falls. Opportunities for pop up clinics in locations specifically designed to target those under 40 are being planned. It is expected that all second doses will be completed for both primary and mop up phase will be completed by early September. Our Health Inequalities Impact Assessment Plan continues to be used to ensure that vaccination is available to all. As well as targeting of specific communities, a new clinic in a quiet setting has been added weekly for people who may struggle to attend a mass vaccination clinic, such as those with learning difficulties, sensory processing disorders and anxiety.

Vaccine waste

This is significantly lower than stated national targets (1%) at 0.26%

Communications

Daily social media messaging is being used to drive uptake of drop-in appointments, and research undertaken on NHS Lanarkshire behalf by the University of Strathclyde which included Behavioural Science insights is being used to design the mop up programme and the communication strategy around it. Communication messages focus on the importance of vaccination for all to maintain progress in opening society and of completing your vaccination course.

Future vaccination programmes

It is expected that a booster campaign will begin in the autumn, likely in conjunction with the influenza programme. NHS Lanarkshire has been represented on a national Short Life Working Group set up to scope assumptions for this new programme, however a significant number of uncertainties which make firm programme planning challenging. Some of these are expected to be resolved over the next few weeks as JCVI is expected to give advice on booster delivery.

Given the timescales however, significant preparatory work is underway. Delivery of flu vaccinations and covid boosters in the autumn is modelled to require workforce of approximately the same size as the primary covid vaccination programme and as noted above, recruitment is ongoing to maintain this workforce.

In particular, a scoping exercise to explore venues which would provide adequate capacity to facilitate a more localised approach to scheduled vaccination delivery is underway, in conjunction with local authority colleagues. Planning of engagement with the local community and elected representatives is also underway.

In conjunction with operational planning, governance arrangements for vaccination programmes will be reviewed over the summer period.

In light of the decision made by the Board in May 2021, to stand up all Governance Committees, regular updates will be provided to the Population Health, Primary Care and Community Services

Committee so that the Committee can in turn provide assurance to the Board on the governance of the programme. Board Members will continue to be provided with a weekly update on the number of vaccines delivered.

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. As the programme approaches completion, most of these risks have begun to fall in likelihood and potential impact on the overall success of the programme.

The principle risk which remains is ensuring that the uptake in younger parts of the population remains high, as this is the principle group through which ongoing viral transmission is occurring. It is expected, for example, that only 70% of the under 30 population will be reached through scheduled appointments. This leaves a substantial number of people who will need to be reached through the mop up campaign. Close monitoring of uptake rates and learning obtained from the Rapid Literature Review Examining COVID-19 Vaccine Hesitancy will be used to drive a targeted mop up campaign and a variety of delivery channels will be used to target various population sub groups.

A secondary risk remains around second dose uptake, upon which effective delta variant protection

is much more dependent. This currently remains good at with only a 5% did-not-attend rate, but this will be closely monitored and communication messages around the importance of course completion will be used.

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 implement the refreshed the HIIA and construct models for underserved 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

- Note the progress being made in relation to the Covid-19 vaccination programme;
- Note that detailed updates will be provided to the Population Health, Primary Care and Community Services Committee;
- Note that Board Members will continue to be provided with a weekly update on the number of vaccines delivered; and
- 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:

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