

NHS Board Meeting
26 May 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"/>
---------------	-------------------------------------	-----------------	--------------------------	---------	--------------------------

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; however, with the reduced frequency of these, 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 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	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 begun the second vaccinations for people vaccinated in February and March – cohorts 1-9. In keeping with our commitment to provide local vaccinations for those in cohorts where frailty is most common, second dose vaccinations for all those over 70 were scheduled to local centres, with second doses in younger age groups being undertaken in supercenters. Regardless of venue to which patients were appointed, cohorts 1-5 either already have an uptake rate of more than 95%, or will have once rebooked appointments are completed (this applies to Clinically Extremely Vulnerable).

First doses for cohort 10 also began nationally on 26 April. Unfortunately, this coincided with a return to in-person work for many, and as a result DNA rates have been significantly higher – initially around 23%, with a rise to around 30% following the JCVI announcement relating to the use of AstraZeneca on 7 May. This announcement extended previous recommendations regarding using alternative vaccines in those under 30 due to the developing evidence with regard to Vaccine Associated Thrombosis with Thrombocytopenia (VATT) to those under 40.

This is a pattern which has been seen nationally, and NHS Lanarkshire's DNA rate remains below the national average of 31%. It has been recognized nationally that it is likely that an iterative approach will be necessary to securing a satisfactory uptake in the younger, working age population.

Through the University of Strathclyde (Health & Care Futures) and NHS Lanarkshire Strategic Partnership COVID-19 Misinformation and Behaviours Group, a rapid literature review examining COVID-19 vaccine hesitancy was commissioned and recently reported. This is being used to drive

both work around the Equalities Impact Assessment Action Plan and the overall communication plan for the vaccination programme, in addition to the planning of the mop up campaign.

At the time of writing 567,032 vaccinations have been given in Lanarkshire. 71.9% of the adult population have now received their first vaccine and 38% their second.

Appointments in local centres have continued to be 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. There have been some issues reported by citizens phoning the national helpline not being able to access available appointments. Scottish Government, NHS Lanarkshire and National Services Scotland (NSS) recently took part in a “Deep Dive” meeting to look at improvements which were required to systems to resolve this.

Workforce

Workforce remains stable although over recent weeks there has been some attrition in the availability of bank vaccinator (band 3) staff. This is being actively addressed with further recruitment, but adequate registered sessional staff are currently available to meet current vaccine delivery. The service remains self-sufficient with regard to workforce, with the exception of the nursing staff initially employed within the Primary Care Improvement Plan to deliver the Vaccine Transformation Plan who continue to be deployed to the programme.

Staff development has been a priority, with downtime created by the Scottish Parliament elections being used to attend to this, on both a group and individual basis.

Future trajectory

It is currently anticipated that NHS Lanarkshire will be able to complete the offering of all first doses well ahead of the end of July deadline set by Scottish Government. This remains subject to stable vaccine supply.

Thereafter, output will drop and the programme will concentrate on second doses as well as a mop-up campaign to maximize vaccine uptake.

NHS Lanarkshire has worked closely to work towards a stable longer term plan for vaccine delivery over the next few months. However, concern has recently arisen with respect to the emergence of the B.1.617.2 variant. Epidemiological evidence suggests that this may have higher rates of transmission than the previously predominant (Kent) wildtype and that second vaccinations may be more important in securing efficacy against serious illness. As a result, the Joint Committee on Vaccinations and Immunisations produced new guidance which can be found in Appendix 1.

At the time of writing, NHS Lanarkshire is working closely with NSS and Scottish Government to examine the possibility of changing the scheduling of second doses in early June to bring the interdose interval to 8 weeks. While uptake within Lanarkshire is already high, data analysis work is ongoing to examine areas where targeted vaccination models may be effective.

Longer term scenario planning work is underway for the likely requirement of vaccination services over the next year, both in respect of covid boosters and the extended flu campaign. The flu vaccination programme this year will be extended to include all those over 50, secondary school children, and some additional occupational groups such as school and prison staff. This work is being undertaken in parallel with a national Short Life Working Group which is examining what early assumptions can be made to facilitate the planning of the autumn programme.

Vaccine waste

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

Business as usual

The programme is undertaking significant work to move delivery from a project to business-as-usual approach. This involves the documentation of processes as they have stabilised, creation of business units and defining of support roles which will be required to ensure the sustainability of the mass vaccination programme.

Quality Improvement

The programme is currently undertaking quality improvement work to examine the underlying assumptions made with regard to staff time and mix required to deliver covid vaccinations. This builds on work undertaken on behalf of the programme by the Quality Improvement Directorate early in the delivery of the mass vaccination programme (see appendix 2).

Communications

At the time of writing, communications messaging is being pivoted to take account of new JCVI advice (appendix 1). It will focus on the importance of completing your vaccination course, as well as specific messaging targeted at younger people.

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"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

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**
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. This may limit the ability of the programme to respond in a self-sufficient manner to required surges in output.
- **Interface with national systems**
There is a risk that nationally delivered systems may not be able to pivot quickly enough to allow us to respond in an optimal manner to changing circumstances such as changed JCVI advice.
- **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:

- Ongoing engagement with staff and independent contractors to ensure staff engagement and participation in the service remains high, and to ensure that we communicate effectively the ongoing high output of the programme.
- 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 and learning obtained from the Rapid Literature Review Examining COVID-19 Vaccine Hesitancy 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 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

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 – JCVI Guidance

Due to the rapid rise in cases of the B1.617.2 Variant of Concern and notable transmission in parts of the country, the JCVI advises that every effort is made to promote vaccine uptake in those who remain unvaccinated in priority cohorts 1 to 9 – these people remain at highest risk of severe outcomes from COVID-19.

Where vaccine supply allows, particularly in areas where B1.617.2 is a major threat, the second dose of vaccine should be brought forward from 12 to 8 weeks. This is only possible because everyone in the Phase 1 priority groups has already been offered a first dose.

Alongside these measures, the vaccine programme should continue to be rolled out as quickly as possible. The capacity of vaccination centres should be maximised to enable rapid rollout.