

Meeting of
NHS Lanarkshire Board
30 March 2022

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SUBJECT: Covid Vaccination Update

1. PURPOSE

This paper is coming to the Health Board:

For approval		For endorsement		To note	X
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To provide an update of progress to date with the vaccination programme; the future programme as currently understood and of the ongoing issues being managed in the service.

2. ROUTE TO THE BOARD

The report attached has been:

Prepared		Reviewed	X	Endorsed	X
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Prepared in consultation with the Covid Vaccination Tactical Group. Reviewed and endorsed by the Population Health and Primary Care Sub Committee of the Board.

3. SUMMARY OF KEY ISSUES

3.1 Overall progress

Progress with the overall vaccination programme continues to track well against Scotland wide uptake rates as highlighted below.

Vaccinations 18+ Years

	NHS Lanarkshire	Scotland	Difference
1st Doses	95.7%	93.7%	2.0%
2nd Doses	92.1%	90.1%	2.0%
Booster or 3rd Dose	79.1%	77.8%	1.3%

Vaccinations 12+ Years

	NHS Lanarkshire	Scotland	Difference
1st Doses	93.9%	92.4%	1.5%
2nd Doses	88.8%	87.2%	1.6%
Booster or 3rd Dose	73.4%	72.7%	0.7%

3.2 Maximising uptake

Whilst the overall figures are very encouraging, the service has been conscious of the fact that within the more vulnerable groups, there was still some potential to improve uptake and accordingly, a process of making individual contact with all those who had not received either their initial injections or boosters was undertaken to seek to maximise uptake.

This was undertaken systematically in line with the initial priority groups. Since then, all >80s have been contacted and 98% of those eligible/not refusing to accept vaccine have now been fully vaccinated.

Similarly, for all those in care homes, again, 98% of all eligible residents have now had their vaccine. The same approach was then adopted for all those >75, >70 and >65 cohorts to increase uptake in these areas.

As will be noted below, this involved a significant effort from the wider team as well as the vaccinators.

Activity	No Contact	Patient Contact	Outcome	Opted Out	Had Booster	Home Visit	Attend Drop in	Breakdown			
								Opted Out	Had Booster	Home Visit	Attend Drop in
Over 80's	1849	651	1197	414	269	354	160	35%	22%	30%	13%
70 to 79	3425	1580	1845	960	286	146	453	52%	16%	8%	25%
65 to 69	1129	439	690	270	65	33	322	39%	9%	5%	47%
60 to 64	2123	865	1258	478	77	25	678	38%	6%	2%	54%

3.3 Staff Vaccine Uptake Rates

Due to national recording systems, it is not possible at this stage to identify specifically what the uptake rate has been across health and social care staff in Lanarkshire. Work is however ongoing in an attempt to rectify this for future vaccination programmes. What is known is that at a national level, whilst initial vaccination rates were good – well over 90%, by the time boosters were being provided, uptake fell to circa 80% for trained staff and 75% for support staff. Accordingly, during February, the vaccination service provided additional on-site clinics in each of the three acute hospitals with a view to making it easier for any staff still to access a vaccine/booster to do so.

3.4 Addressing Health Inequalities

It was also recognised that in keeping with other parts of the country, uptake in lower SIMD categories was also poorer. Similarly, there has been specific work undertaken at national level in relation to BAME communities, Polish communities, homeless services, substance misuse services and most recently, work with organisations which support those who sell or exchange sex.

The service is actively working across various sectors with a view to utilising some of the good practice examples highlighted in the respective guidance such that approaches might be identified to maximise uptake for any relevant groups in an NHS context.

3.5 Spring Vaccination Programme

Undernoted are the main components of the Spring vaccination programme announced on 21 February following JCVI advice.

Progress additional booster for adults and young people aged 5-11 in parallel – but adults take precedence with 5-11s utilising remaining capacity. Scotland wide, approximately 1,076,000 people (600K adults, 400K 5-11s).

Work commenced week commencing 14 March in Care Homes and scheduling now commenced for all other eligible groups, i.e. all 5-11s, >75s, and immune-compromised adults. Those who are classed as Severely Immuno Suppressed (SIS) will also receive a further booster in June 2022.

Scheduling will aim to vaccinate adults 24 weeks after previous dose, with operational target of offer of vaccination absolutely no later than 28 weeks.

This gives Boards operational flexibility to smooth activity slightly, while still ensuring adults are addressed as priority.

Other than Care Homes and domiciliary, all will be scheduled appointments, with rescheduling capacity retained.

Specifically, in relation to the 5-11 yr olds population, advice has been received as below.

Vaccination experience is key for this age group, so need to ensure sufficient focus on this.

Child friendly branding and decoration being explored nationally alongside local plans.

Suggestion is to broadly appoint oldest to youngest, but siblings invited together.

5-11s 'At Risk' individuals need to take priority over 5-11 universal, rescheduling capacity and/or drop in options to be available.

Utilise evenings, weekends and school holidays, but balanced against adults who are a higher risk.

3.6 Staffing

Whilst announcements were made that vaccination staff had to be provided with permanent contracts, the funding provided from Scottish Government was less than that which would be required to provide all the staff who were working on fixed term contracts with permanent ones. Accordingly, in partnership with staff side colleagues, a process was agreed to seek to match temporary staff to permanent posts in as positive a way as possible recognising that for some staff groups, there are more staff than jobs. This process was undertaken throughout February with a view to try and provide certainty for all staff at the earliest possible opportunity. Work is continuing in relation to the management team posts which have now been confirmed and the recruitment process now set in motion. Work is also progressing in identifying future management and reporting arrangements as the service moves into mainstream service delivery.

3.7 Vaccination Errors

Over recent months, a few vaccine administration errors have occurred in the service. In the context of having almost 1.5m vaccines delivered to over 540, 000 individuals, this still accounts for a very small percentage of errors. Nonetheless, it is important that any lessons are learned from these incidents and, accordingly, reviews are undertaken and the findings of these considered through the respective clinical governance arrangements. The opportunity is also taken to have independent input from Public Health Scotland as part of the review process such that any lessons learned which could be applied to other vaccination settings can be shared accordingly.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government Policy	<input type="checkbox"/>
Government Directive	<input checked="" type="checkbox"/>	Statutory Requirement	<input type="checkbox"/>	AHF/Local Policy	<input type="checkbox"/>
Urgent Operational Issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Delivering the vaccination programme was seen as a major national priority and all involved have responded accordingly to ensure all targets have been met in an NHS Lanarkshire context.

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 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

Performance is measured against national benchmarks as well as looking at local indicators, e.g. level of DNAs. As described above, work is also undertaken in relation to maximising uptake in areas where it is less than local/national averages.

7. FINANCIAL IMPLICATIONS

Notification of the permanent funding moving forward was shared with the Board week commencing 7 February 2022. Prior to this, work had been undertaken to identify the recurring costs which might be required recognising the preferred staffing model. Given the shortfall, work continues in agreeing what the overall service design will look like and the respective costs, albeit

agreement has been reached on the bulk of the service staffing requirements and associated funding.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

A full service risk register is maintained as part of the ongoing management of the service.

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 type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>	
Use of resources	<input checked="" type="checkbox"/>		Performance management	<input checked="" type="checkbox"/>	Equality		<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>						

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Yes

11. CONSULTATION AND ENGAGEMENT

All processes have followed national guidance.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approval	<input type="checkbox"/>		Endorsement	<input 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"/>

Note the progress to date and ongoing work of the vaccination service.

13. FURTHER INFORMATION

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

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