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Vaccinations and surge response
A system guide

14 June 2021

Background

Across the country, the NHS and local authorities are working together with their voluntary and community sector, faith leaders and with the communities themselves to continue to build vaccine confidence. We are seeing more people than ever come forward and take up the offer of a COVID-19 vaccine when it is their turn.

Nationally, uptake and vaccine confidence remain very high. We know from the latest PHE study that over 14,000 lives have already been saved and over 42,000 people have not needed to go to hospital because of the protection offered by COVID-19 vaccination.

Despite the progress, uptake is variable across the country and within communities themselves. The WHO categorise the drivers for this under three headings: confidence, convenience and complacency. As part of the Government response to the surge in COVID-19 cases, focus remains on ensuring everyone is protected and that no one gets left behind because of low confidence, barriers to accessing local services or because they don't have access to the right information.

Over recent weeks there has been an increase in the number of positive COVID-19 cases of individuals who have the B1.617.2 variant. This short guide sets out some keys steps that local systems, working with their communities, can take in relation to the vaccine programme to protect our communities.

The Joint Committee on Vaccination & Immunisation (JCVI) have advised that three actions are implemented by the COVID-19 Vaccination Deployment Programme across England to respond to increases in the number of positive cases of the B1.617.2:

1. Every effort is made to promote vaccine uptake in those who remain unvaccinated in priority cohorts 1 to 9.

2. For those in cohorts 1-9 (over 50s, under 50s who are clinically vulnerable or extremely vulnerable, and Health and Social Care workers), their second doses are brought forward from 12 weeks to 8 weeks.

3. Capacity of vaccination sites are maximised to continue to roll out the vaccine as quickly as possible.

JCVI phase 2 advice included a section on operational flexibility: "JCVI supports flexibility in delivery of the programme to ensure every opportunity is utilised to offer vaccine in groups with lower uptake. For example, this could include a wider offer of vaccine in settings such as religious and ethnic minority community centres, or when vaccine is delivered to those in multigenerational households. Local and national public health agencies should be consulted around how best to utilise this flexibility to maximise uptake in groups with low vaccine uptake." This means that a flexible delivery methodology, whilst still complying to the clinical and safety regulations, can be implemented to reach those in eligible cohorts.

All of this activity should continue whilst vaccination is undertaken in line with JCVI cohorts. This applies to all areas, regardless of whether an area is currently 'surging' or not.

There are some areas which have seen a more significant increase in the number of positive COVID-19 cases of the B1.617.2 variant. Currently, there are eight areas experiencing surge, but the principles of this guide are applicable to any areas that may be added at a future date.

What do local teams need to do in 'surge' areas?

The operational policy agreed with the Department of Health and Social Care (DHSC) has been that once an area is deemed to be a 'surge' area, they are encouraged to initiate the following activities:

- Extend opening hours of existing vaccination sites, and open up new vaccination sites, where possible, to improve access to the vaccine
- Implement initiatives to encourage those in cohorts 1-9 yet to come forward for vaccination to take up the offer of a first dose
- For those in cohorts 1-9 yet to have their second dose, bring forward the second dose appointment from 12 weeks after their first dose to 8 weeks to ensure maximum protection as quickly as possible
- Increase community engagement and outreach activity
- Continue to administer vaccinations to those in lower priority cohorts (10 onwards) as prioritised by JCVI, making the most of the opportunities described above to increase uptake in these groups.
- Explore opportunities to co-locate vaccination and testing sites to maximise opportunity and uptake for both interventions.

Efforts to undertake these activities will be done by local partners – NHS working with local councils, including directors of public health and their teams. An 'Operational Planning' guide is included at the end of this document, which outlines activities that each local partner can undertake.

Additionally, the national Covid vaccines programme can provide support to areas' local planning and activities. This should be requested via regions following local discussion and agreement. This includes:

- Guidance on establishment of roving, pop-up sites and drive thru clinics that can drive uptake and address complacency and convenience[1]

- A framework that can support identification of the appropriate intervention/activity to drive uptake in underserved communities[2]

- Access to the Connect & Exchange Hub that details examples of activity that has worked elsewhere to increase uptake, allowing for areas to link directly with those teams that have developed the intervention

- Identification of additional workforce from national schemes that can be deployed locally

- Bespoke support, requested via regional teams, where identified to address specific challenges that local areas may be encountering to increase uptake within open cohorts.

Surge vaccination activity does not mean vaccinating *outside* currently open and eligible age groups/JCVI cohorts, it means taking a maximalist approach to ensuring easy access and uptake *within* them. The protection offered by a second dose, especially for those aged 50 and older and those who are clinically vulnerable, cannot be overemphasised. Therefore, systems should continue to ensure that the 8-week dosing schedule is delivered whilst continuing to offer first dose appointments.

Operational planning

The following provides a guide to planning considerations that should occur before surge activities are implemented. The options are not an exhaustive list and systems can implement alternatives.

Local authority engagement

[1] Coronavirus » Standard operating procedure: COVID-19 local vaccination services deployment in community settings (england.nhs.uk) https://www.england.nhs.uk/coronavirus/publication/standard-operating-procedure-roving-and-mobile-models/

[2] Coronavirus » Maximising vaccine uptake in underserved communities: a framework for systems, sites and local authorities leading vaccination delivery (england.nhs.uk)

Action	✔
Contact made with the director public health team to agree joint planning arrangements	
Planning considerations align with ERA surge activities.	
Discussion taken place about local authority support which can be provided - estates, call centre capacity	

Demand planning

Action	✔
Unvaccinated population data obtained	
Vaccine equalities tool utilised to understand underserved locations and populations	
Geographical areas mapped and scoped for increased existing site activity	
New and additional pop up locations identified in partnership with local communities	
Marketing plan in place – local media, social media, online content and leaflet drops	
Community, faith groups and third sector contacted to agree supportive marketing plan to increase vaccination in underrepresented groups	
Requesting councillors and community leaders to increase their visible support of vaccinations and share ‘pop up’ plans to raise awareness and stimulate demand	

Capacity planning

Action	✔
Maximisation of current network capacity (e.g. extending opening hours)	
Maximise utilisation - ‘sweating’ existing assets to ensure maximum capacity from existing sites (e.g. additional clinics/estate capacity at existing sites)	
Identifying additional sites either by delivery model type or outreach model e.g. pop-up, buses etc.	
Appropriate technology secured to support onsite clinical administration	
Local booking service in place to handle expected demand	
Walk in protocol developed outlining eligibility criteria and recall procedures	
Clinical protocols reviewed for existing and new site operations	
Consumables ordered and secured for new sites	
Fridges ordered	
Cold chain logistics scoped and mapped	

Workforce plan

Action	✔
A site by site roster / workforce plan detailing shift dates, times and role requirements has been developed – clinical, support and volunteers	
The national protocol has been implemented for new and pop up activity sites to maximise resource allocations	
Lead employer contacted to secure locally recruited resources and draw down from national suppliers	
Rapid contingency staffing solutions from NHS Professionals and St John Ambulance engaged	
Local system mutual aid requested – clinical commissioning groups, integrated care systems and providers	

Site level induction and daily stand ups scoped into daily roster to ensure safety and clinical skill briefings	