

NHS England and NHS Improvement Board meetings held in common

Paper Title: COVID-19 vaccine deployment

Agenda item: 4 (Public session)

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Paper type: For discussion

Organisation Objective:

NHS Mandate from Government	<input checked="" type="checkbox"/>	Statutory item	<input type="checkbox"/>
NHS Long Term Plan	<input type="checkbox"/>	Governance	<input type="checkbox"/>
NHS People Plan	<input type="checkbox"/>		

Action required:

Board members are asked to note the content of this report.

Executive summary:

This paper provides a summary of the work underway in the COVID-19 vaccine deployment programme.

Background

1. Vaccines are a foundation of our way out of the COVID-19 pandemic and the best way to protect people from the virus, potentially saving thousands of lives. The NHS has a successful record delivering vaccination programmes, but this is the biggest vaccination programme in NHS history.
2. We are following the [advice of the Joint Committee on Vaccination and Immunisation \(JCVI\)](#) and prioritising vaccinating those most at risk, and those who work closest with them (health and social care workers). Government have a programme target, based on current supply data, to offer the vaccination to the top four priority cohorts as identified by the JCVI (residents and staff in care homes for older adults, frontline health and social care workers, and all those age 70 and over) by 15th February; an ambition to vaccinate the remaining groups by the spring; and all other adults by September 2021. This timetable prioritises prevention of mortality and hospitalisation, following the JCVI priority cohorts.
3. On 11 January the Department of Health and Social Care published its [Vaccine Delivery Plan](#) describing how we were able to build up a supply of vaccines and our plans for deployment. The comprehensive planning considerations to date have included the size and make-up of the workforce, training requirements, guidance, supply of consumables and other equipment, as well as the supporting infrastructure required, including warehousing,

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transport, logistics and 'clinic' storage. These plans build on the NHS's tried and tested approach for delivering vaccinations across the country, including the annual influenza vaccine where we have this winter already reached over 80% of over 65s.

4. The network of COVID-19 vaccination sites has been designed to fit the expected vaccine supply and ensure safe and easy access for the whole population. Our plans factor in:
 - Who should offer a vaccination
 - Geographical variation and diverse communities
 - Access to public and private transport
 - Ensuring NHS services are safe and accessible for people throughout the busy winter period
5. The network of COVID-19 vaccination sites has been designed to fit the expected vaccine supply and ensure safe and easy access for the whole population.
6. There are 3 types of COVID-19 vaccination site:
 - **Larger vaccination centres**
 - **Hospital hubs**
 - **Local vaccination services**
7. The plans for the right mix of vaccination sites have been developed jointly between national, regional and local teams to ensure the mix is right for the population and communities it serves. The needs of rural and urban communities are different, and the needs of individual groups and communities need to be reflected in the local mix of sites. This mix allows people in different age groups, communities and households to get a vaccine in a way that suits them and their needs.
8. The mobile model (where 'roving' vaccination teams bring the vaccine directly to individuals) which is being used to support the vaccination of care home residents and workers could be extended to more groups in time such as those experiencing homelessness, those escaping abuse in refuges, or communities with lower vaccination rates.
9. The growing network of vaccination sites will rapidly expand in the days and weeks ahead. Currently, 97% of the population in England is within 10 miles of a vaccine service. In a small number of highly rural areas, the vaccination centre will be a mobile unit. The full list of vaccination sites is updated and publicly available on the NHS website:
<https://www.england.nhs.uk/coronavirus/publication/vaccination-sites/>
10. Daily and weekly data on progress is publicly available on the NHS website here: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

11. Weekly publication:
 - All NHS COVID-19 vaccinations administered in the reporting period
 - Count of vaccinations by age band, defined as 80+ and under 80 years old
 - Count of vaccinations by dose
 - Count of vaccinations by NHS Region
12. Daily publication:
 - From 11 January
 - Provisional data showing the total first and second doses given to date by region of residence, as reported by midnight on the date prior to publication
13. We are committed to using data to help systems understand and target resources to encourage uptake of vaccination. Through engagement with local authority partners, the NHS is providing updates at a local level to ensure data is being shared, understood and acted on. The NHS is providing local authorities with visibility on uptake in their communities so they can target engagement appropriately.

Considerations

Maximising vaccine uptake in all communities

14. The COVID-19 vaccine deployment effort is well underway and a commitment to equalities has been a core part of the programme from day one. To ensure continued efficacy of the programme we are considering carefully how to maximise vaccination uptake, particularly for specific communities who have seen disproportionate mortality and morbidity rates during the pandemic.
15. Within the Vaccine Deployment Programme, a specialist equalities team are supporting targeted work to address uptake. This includes commissioning national behavioural insight studies to support local action on vaccine hesitancy.
16. Local Directors of Public Health have an important role in:
 - Ensuring the vaccine reaches unvaccinated in their area
 - Finding ways to bring the vaccine closer to communities who find it harder to access our services, e.g. through mobile teams or through trusted voices in the community and faith leaders.
 - Planning the management of future outbreaks in unvaccinated groups.
 - Working with PHE embedded teams on screening and immunisations and regional Directors of Public Health who can support work on equalities at a local level by sharing best-practice from across their region.
17. Health and Wellbeing Boards will also need to play their part, as will Integrated Care Systems/Sustainability Transformation Partnerships.

18. Work is underway:

- to ensure unregistered patients are able to access vaccination. The General Practice COVID-19 vaccination programme 2020/21 Enhanced Service Specification (the contract that general practices will deliver Covid-19 Vaccination under) enables practices working within their Primary Care Network groupings from shared vaccination sites to vaccinate unregistered patients provided they are eligible for a vaccination e.g. within an eligible cohort, and the PCN grouping will receive payment for this.
- Local vaccination services currently working with regions to add capacity and improve coverage for communities where local intelligence shows that uptake is lower, for example opening a vaccination service in a local mosque in Birmingham.
- Ensuring that communication is accessible for a range of health inclusion groups -from safety information for each vaccine to information about where to go for local vaccination to allow people to make informed choices. For example, [a short film developed for people with learning disabilities and/or autistic people](#). It describes what a vaccine is, how vaccines are made, why you should get a vaccine, whether a vaccine make you ill and how to decide whether to have a vaccine or not.
- A dedicated team to support effective communication with BAME staff, headed by Dr Nikki Kanani, NHSEI Medical Director of Primary Care and NHS Chief People Officer, Prerana Issar, has been established. Recognising our workforce are our biggest advocates and leaders within their own communities, this ensures all staff communications are relevant, accessible and specific and the view and priorities of BAME staff are part of the conversation.

Next steps

Planning for Phase 2 and beyond

19. Once all at-risk groups 1-9 to have been offered their first dose of vaccine, the vaccination programme will deliver the vaccine to the rest of the adult population (18-49 years old). As set out in the Vaccines Delivery Plan, the government will consider all relevant data and set out plans for prioritisation. This could include a focus on further reducing hospitalisations and targeted vaccination of those at high risk of exposure and/or those delivering key public services.
20. A mix of delivery models will be required to match local needs and this further prioritisation. This will combine learning from current deployment with an understanding of the next population groups and how their needs are similar to or different– recognising that they are working age adults with a greater emphasis on online booking and convenient vaccination that fits in with their working lives.