

NHS England and NHS Improvement Board meetings held in common

Paper Title: NHS COVID-19 vaccine deployment

Agenda item: 3 (Public session)

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Paper type: For noting

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"/>		

Executive summary:

This paper provides an update on progress on the delivery of the NHS COVID-19 vaccine deployment programme and a summary of the proposed approach for the next phases of delivery.

Action required:

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

Background

1. The NHS achieved the milestone of offering a vaccination to those in the top four priority Cohorts identified by the Joint Committee on Vaccination and Immunisation (JCVI) (c.12m people in England) within 10 weeks of the first person being vaccinated. This achievement, managed alongside winter pressures and the demands of treating patients with COVID-19, would not be possible without the dedication of tens of thousands of NHS staff and volunteers.
2. We are now working towards the next major milestone of offering a first dose to everyone in JCVI Cohorts 1 - 9 by 15 April. As of 17 March, the invitation to book a COVID-19 vaccination was extended to those aged 50-54, which means entering the ninth and final Cohort of the first phase of the programme and follows the expansion to those aged 55-59 in Cohort 8.
3. Now that over 22 million people in England have received their first dose of the COVID-19 vaccine, our plans for the next month include welcoming more people back for their second dose.
4. We are also redoubling our efforts to ensure that we are encouraging all those who wish to have a vaccination to take up the offer, including those in Cohorts 1 - 4 who have not yet come forward. Over the coming weeks, the NHS will

continue to vaccinate in line with available supply and to prioritise activity in accordance with JCVI cohorts, so the focus on ensuring that all remaining people in Cohorts 1 to 9 have been offered their jabs remains critical.

5. The second phase of the vaccination programme will offer the vaccine to the rest of the adult population (18-49 years old) with a target of offering everyone a first dose by the end of July. In Phase 2, we will need to vaccinate those in Cohorts 10 - 12 while continuing to offer vaccines to those from earlier cohorts who have not already been vaccinated. JCVI's interim statement advised that Phase Two focus on an age-based approach in three cohorts: cohort 10 (40-49 year olds), cohort 11 (30-39 year olds) and cohort 12 (18-29 year olds).
6. We are also actively planning for the possibility of COVID-19 revaccination and boosters in the autumn and winter, including mapping linkages between the COVID-19 and winter flu programmes and exploring possibilities for co-administration.

Considerations

7. From the start of the programme, the NHS has successfully had to adjust week-to-week vaccine delivery in the light of fluctuations in supply. As previously notified to vaccination sites, w/c 15 March and w/c 22 March have pleasingly seen significant increases in vaccine supply. However, from 29 March there will be less supply. This was communicated in a letter to ICSs, STPs and vaccination sites on 17 March with guidance on the actions they should take, and confirmed by the Health and Social Care Secretary in a statement to the House of Commons.
8. On 17 March national booking was opened to everyone aged 50 and over, so over this next period the focus will be on vaccinating those in cohorts 1 – 9, who are most vulnerable to COVID-19, as well as delivering significantly increased numbers of second doses, which double from the beginning of April. In spite of changes to the supply schedule, the NHS currently remains on track to offer a first dose to everyone in cohorts 1-9 by 15 April and to all adults by the end of July, as planned.

Tackling health inequalities in COVID-19 vaccine uptake

9. Addressing health inequalities is a top priority for the vaccination programme. The Department of Health and Social Care published its COVID-19 Vaccine Uptake Plan on 13 February which included action being taken by the NHS.
10. Local engagement and collaboration across the NHS, local authorities and voluntary, community and faith sectors has ensured vaccination services can operate in underserved communities. This has given rise to new approaches such as opening vaccination sites in places of worship and working with trusted community voices to increase confidence and improve uptake. A range of initiatives are underway.

11. A Vaccine Equalities Tool has been developed and is available to NHS teams and local authorities to support local planning. Users are able to view uptake data by lower super output areas, mapped against key characteristics such as ethnicity and indices of deprivation to inform local uptake activity. Public health teams have access to this tool, which is a very helpful step forward in data sharing and equipping local areas with the data they need to take targeted action.

Planning for Phase 2

12. Reaching a more mobile, largely working-age population with lower COVID-19-related health risk will bring different challenges, especially as lockdown and more of the non-pharmaceutical interventions (NPIs) are lifted.
13. Convenience of access should support uptake and so we are introducing additional innovative delivery modes. We have developed operational guidance for drive-thru, mobile and pop-up models to enable targeted delivery, and regional directors of commissioning are working with local systems to ensure these are an integral part of future network design.
14. We are working with communities to support ICS-level ownership of site and channel mix and have made available an initial extra £4.2m of funding to further support and enable locally led community engagement in all areas. This will complement the investment made by the Ministry for Housing, Communities and Local Government to support community champions by offering a resource to those systems that are performing poorest in vaccine uptake amongst ethnic minority communities. We have a well-established relationship with local authorities, Integrated Care Systems and Local Resilience Fora. The programme has engaged in a series of regional and local discussions that are designed to explore what has worked best to improve uptake and how the national work can help to support local efforts. This engagement will help to inform aspects of the future operation of the national programme.
15. We are developing campaign communications informed by behavioural insight so that messaging is tailored to increasingly younger target populations. blocks/barriers.

Next steps

Planning for Autumn and Winter

16. As set out in the Government's roadmap published on 22 February, it is not currently known for how long people who receive a COVID-19 vaccine will be protected. This is because, as is the case with many vaccines, the protection they confer may weaken over time. It is also possible that new variants of the virus may emerge against which current vaccines are less effective. As well as working closely with manufacturers, scientists are assessing the impact of some Variants of Concern on the vaccines currently in deployment.

17. To ensure the country is prepared for these scenarios and while further evidence is gathered, the NHS is planning for a revaccination campaign, which is likely to run later this year in autumn or winter. We are planning on the basis that we will need to run COVID-19 and seasonal flu vaccination campaigns in parallel.