INTEGRATION JOINT BOARD

Date of Meeting	27 January 2021
Report Title	Vaccinations Update
Report Number	HSCP21.005
Lead Officer	Sandra MacLeod, Chief Officer
Report Author Details	Alison MacLeod Lead Strategy and Performance Manager alimacleod@aberdeencity.gov.uk 07741 237034
Consultation Checklist Completed	Yes
Directions Required	No
Appendices	a. Childhood Vaccinations b. Lessons Learned from Flu Vaccination Programme 2020 c. Covid Vaccination Planning

1. Purpose of the Report

1.1. The purpose of this report is to provide an update on the various vaccination programmes in progress in Aberdeen City – Childhood, Flu, and Covid.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

a) Notes the updates provided.

3. Summary of Key Information

3.1. Appendix A shows the progress on the Childhood Immunisation Programme in Aberdeen City in 2020. It shows the uptake of the 6 in 1 vaccine for all three doses as well as the uptake for the two doses for Measles, Mumps and Rubella (MMR).

3.2. Data for the 6 in 1 uptake is currently only available up to October 2020 however the October data has not yet been verified and may be incomplete. Full year data is expected on 3rd February 2021. Target uptake is 95%. Uptake increased after the first lockdown at the end of March. Delivery moved from GP Practices into the community around May. The summer months, and the schools restarting in mid-August usually sees a downward trend for uptake. MMR Dose 2 information has not been updated on national system since July 2020.

3.3. Appendix B is a summary of the Lessons Learned from the Flu Vaccination Programme 2020/21. It is compiled from a report prepared from the Operational Joint Debrief process in October 2020 by a Civil Contingencies expert appointed by NHS Grampian.

3.4. The report highlights the lessons learned under the headings Governance and Planning, Communications, Data, Systems, Workforce and Logistics which were the common themes identified by the Debrief. Where relevant, comment has been made as to how these lessons have informed planning for delivery of the Covid Vaccination.

3.5. Our Flu Vaccination delivery to date indicates an increase in uptake on last year particularly in the 'at risk' category. For the over 65 cohort, average uptake to 19th January 2021 was 72.7% compared to 70.8% the previous year, an increase of 1.9%. The data for two practices in the city is still being updated. For the 'at risk' cohort, average uptake to 19th January 2021 was 50.6% compared to 42.5% the previous year, an increase of 8.1%. Delivery of the remainder of the Flu Vaccination Programme will be undertaken by Community Pharmacy.

3.6. Appendix C details the arrangements for Covid Vaccination planning undertaken to date and is compiled from the draft NHS Grampian Covid-19 Vaccination Programme Plan. The finalised plan is due to be published by 22nd January and it can be circulated once available. It should be noted, however, that planning is continually evolving. Verbal updates as to the latest position will be provided at the IJB meeting on the day.

4. Implications for IJB

4.1. Equalities

Vaccinations are delivered on an eligibility basis normally in relation to age and condition, regardless of protected characteristic. We are aware however that there are certain groups that are harder to reach in terms of public health messaging and

we are working hard to ensure they are encompassed in the relevant vaccination programmes.

4.2. Fairer Scotland Duty

This report has a neutral to positive impact on inequalities of outcome which result from socio-economic disadvantage. Undertaking vaccination programmes has a positive impact on general health, one of the factors in tackling inequality.

4.3. Financial

There is dedicated funding for providing each of the vaccination programmes.

4.4. Workforce

The availability of appropriate workforce, from vaccinators to administration staff is key to the delivery of each of the vaccination programmes. We are working with partners to secure the staffing cohorts and levels required to deliver each of the vaccination programmes.

4.5. Legal

There are no direct legal implications arising from the recommendation in this report.

4.6. Covid-19

All vaccination programmes are being undertaken with cognisance to the relevant Covid restrictions in place at the time. Attending for a vaccination is deemed to be medical treatments which is a valid reason for travel. Delivery of both the Flu and Covid vaccinations will have positive impacts on the number of Covid cases in the City and the health of the residents in general helping them to be protected from the worst effect of the coronavirus.

4.7. Unpaid Carers

Specific arrangements are in place for unpaid carers to be given priority access to vaccination programmes.

4.8. Other

There are no other implications relevant to this report.

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5. Links to ACHSCP Strategic Plan

5.1. Vaccination Programmes link to the Resilience aim of the Strategic Plan. They help to maintain the health and wellbeing of the population.

6. Management of Risk

6.1. Identified risks(s)

There is a risk, if we do not maximise uptake of the various vaccination programmes that the demands on our services will increase.

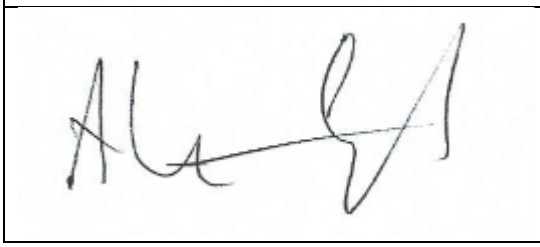
6.2. Link to risks on strategic or operational risk register:

This report links to Strategic Risk 5: There is a risk that the IJB, and the services that it directs and has operational oversight of, fail to meet both performance standards/outcomes as set by regulatory bodies and those locally-determined

This risk is currently sitting at Medium.

How might the content of this report impact or mitigate these risks:

By ensuring we continue to deliver high quality, accessible vaccination programmes and maximise the uptake rates, we will help improve the health of the population, reducing demand on our services and meeting both the local and national targets set.

Approvals	
	Sandra MacLeod (Chief Officer)
	Alex Stephen (Chief Finance Officer)

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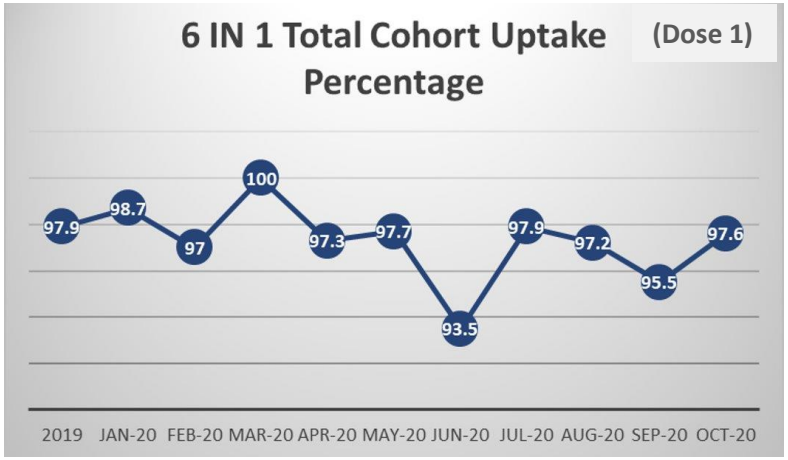
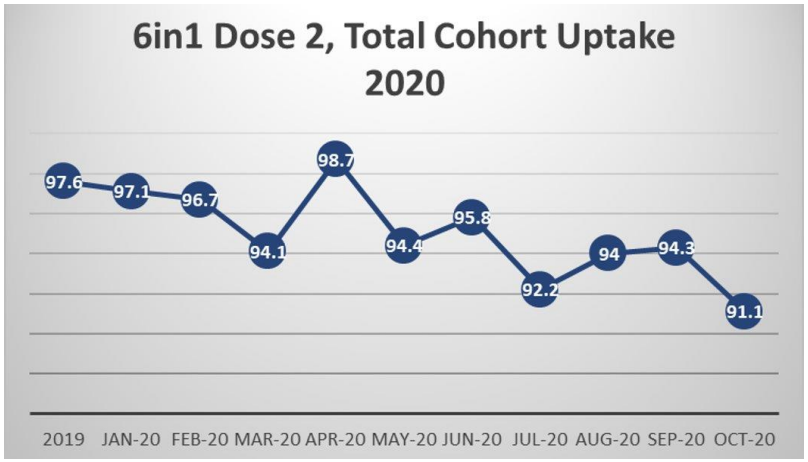
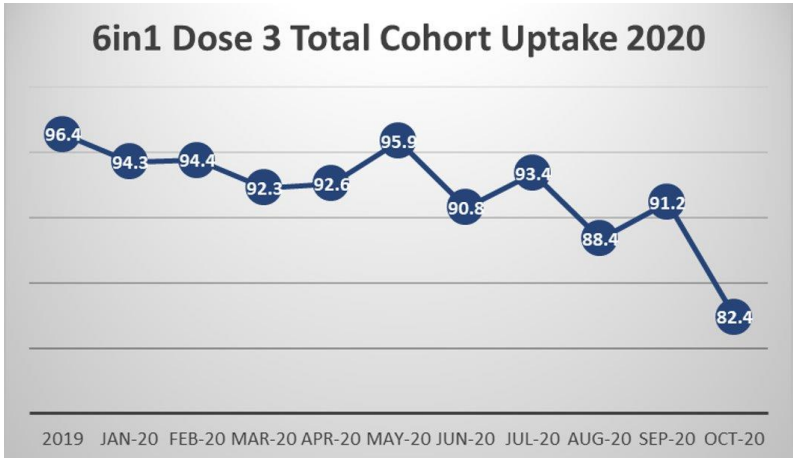
APPENDIX A – CHILDHOOD IMMUNISATIONS

Data for the 6 in 1 uptake is currently only available up to October 2020 however the October data has not yet been verified and may be incomplete. Full year data is expected on 3rd February 2021.

Target uptake is 95%. Uptake actually increased after the first lockdown at the end of March. Delivery moved from GP Practices into the community around May. The summer months, and the schools restarting in mid-August usually sees a downward trend for uptake.







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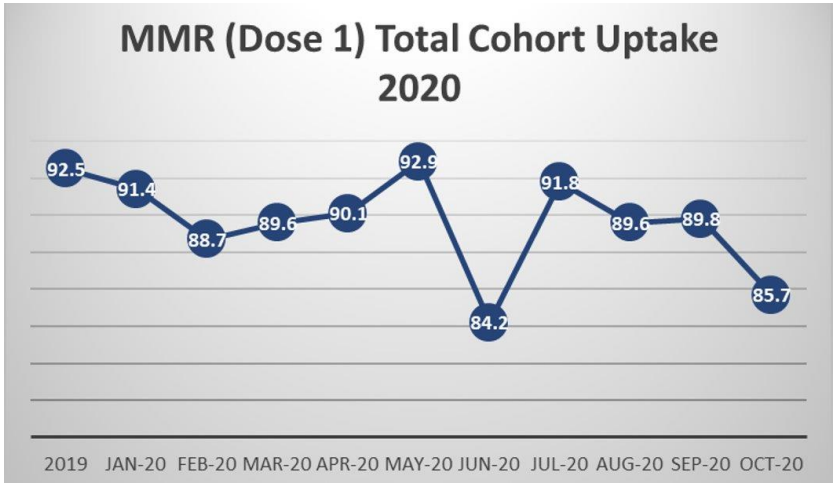

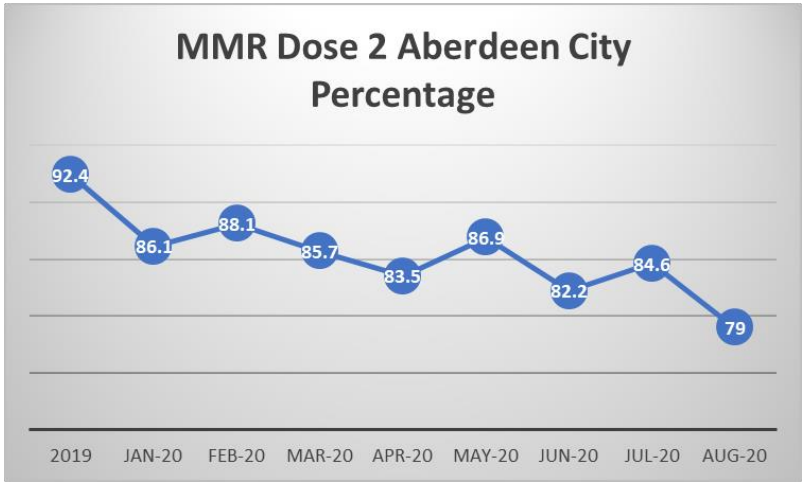

*MMR Dose 2 information has not been updated on national system since July 2020.

** Note that October figure for dose 1 may be lower due to data validation/completion.

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Flu Vaccination Programme 2020/21 - Lessons Learned APPENDIX B

The following is a summary of the review of the delivery of the Flu Vaccination Programme 2020/21 compiled from the Operational Joint Debrief process in October 2020.

Governance and Planning

John Connaghan, Interim Chief Executive of NHS Scotland, wrote a letter to Health Boards on 14th May 2020 stating that flu immunisation preparation was a key clinical priority for Health Boards, but also that "a whole system response, bringing in other parts of the health system, is required if a successful programme is to be delivered". Whilst the whole system approach was welcome, there was no clear definition of roles and responsibilities early on.

The Vaccination Transformation Programme which is about transferring the delivery of vaccinations away from GPs into the community is part of the Primary Care Improvement Plans (PCIPs) for each Health and Social Care Partnership. When Aberdeen City's PCIP was approved in July 2018, we committed to completing this transfer over a three-year period. The business case for Flu Vaccinations presented to IJB on 24th March 2020 set out an interim plan to deliver adult vaccination mainly within GP practices, while future longer-term plans were developed.

The Chief Medical Officer's directive issued on 7th August 2020 stated that "While General Practice will have an essential role to play in the flu immunisation programme, its capacity is likely to be substantially constrained by the need to maintain good Infection Prevention & Control practices and appropriate physical distancing measures". The decision was taken to bring forward community delivery of adult vaccinations which had to be undertaken in venues that were not only accessible for patients but were also large enough to facilitate physical distancing requirements.

The above meant that planning for the delivery of this significant programme started later than would have been ideal. We also had to implement that planning whilst staff were still dealing with Covid. In addition, within the same directive of 7th August 2020 was confirmation that the additional cohort of those aged 55 to 64 had to be added to the programme.

A key lesson learned was that a programme of this magnitude needs to be driven centrally. Although the aim was "whole system" there were, in effect, four separate systems – three HSCPs and NHS Grampian. There was a need to share experience, resource and learning; coordinate activity; and help anticipate and mitigate common risks whilst also providing a route for the escalation of these. Such a programme also requires senior oversight in the form of a Senior Responsible Officer, and in the case of this particular programme, professional oversight from Nursing. Although such arrangements did evolve over time (and are now in place for the Covid Vaccination programme), they arrived too late, and at a time when many issues had already arisen requiring significant resource to be allocated to resolving them.

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In essence, a lot of activity was reactive, with no time for a full and robust planning approach to be undertaken particularly in relation to contingency planning. In even the best planned programmes things go wrong. We learned as we went along and certainly have lots of experience to contribute to the governance and planning for Covid Vaccinations.

Communications

Flu vaccinations were delivered very differently across Scotland leading to confusion for Aberdeen City residents as they heard some aspects of national media coverage. To some extent this remains the case for Covid Vaccinations as, in England for instance, GPs are already part of the first wave of delivery creating expectation that it will be the same in Scotland.

Communication was generally poor. The local communication campaign was delayed waiting for the national one to begin. Communication was not flexible enough to react to continually changing circumstances. This generated lots of enquiries, complaints etc. which diverted staff attention away from planning or delivery.

Social Media was utilised to get immediate messages out about availability of appointments at certain clinics and there is evidence that this was a successful tool for this purpose. This learning will be taken forward into planning for the Covid vaccine.

Data

Data Ownership/Sharing - Patient Lists are owned by GPs and are held in various formats, not all of which are able to be easily converted for mail merge purposes. This made the process of obtaining and collating the list of patients to be called for vaccination challenging. It also caused a delay in updating the lists with those vaccinated. Only 50% of practices in the City were able to help with updating records and additional administration staff had to be hired and trained to help, which took time and resulted in a backlog in updating. This impacted not only on our ability to report up to date figures for those vaccinated, but also delayed identifying those who had not been vaccinated to enable them to be recalled to the mop up clinics.

Data Handling/Security – most data was recorded manually at remote clinics and then transferred for manual updating of systems. This increased the opportunity for either loss of data or for errors. A Vaccine Management Tool/App has since been created within TURAS which can send updates of patients who have received their vaccination directly to GPIT. This will be utilised for the Covid Vaccination programme.

Reporting requirements were not defined early enough, leading to us having to make arrangements to report part way through the programme diverting staff at a very busy time. In contrast, we already have clarification on reporting requirements for Covid Vaccinations.

Coding of patients categorised “at risk” in GP lists caused confusion. Some patients were called for a Flu vaccine for the first time, generating confusion and additional queries

to be responded to. This will not be an issue for Covid Vaccinations as the whole adult population aged 18 and over are to be vaccinated.

Systems

A robust patient scheduling system was promised but at the last minute (literally hours before the first clinic) we were advised that due to technical issues it was not going to be available for use. As, by this time, it was too late to send our own appointment letters out for the first of the clinics, staff had to then obtain clinic lists again and start phoning patients to enable them to attend.

Again, it will be slightly different for Covid Vaccinations particularly when we get to mass vaccinations of the working age population. A national online booking system is being developed and it is hoped it will be available February/March 2020/21 i.e. in advance of the bulk cohort delivery. Scheduling will remain a challenge particularly for the first wave of Covid Vaccination patients receiving the initial Phizer Vaccine as they require two doses, a minimum of 21 days apart.

A manual scheduling process was set up for Flu Vaccinations but there were issues with this due to a significantly restricted number of inexperienced staff allocated to Aberdeen City (one person) who was undertaking the task under pressure. Errors were made and appointment letters were either issued with missing information or not issued at all. Due to the volume of letters many arrived too late to enable people to attend. Initially we thought we had a partial resolution to this by outsourcing the printing and posting of letters to a third party (using a mail merge file provided by us), however this brought its own challenges and, rather than helping to resolve the situation, it further compounded the issues. Some clinics were overbooked, and staff had to call patients to cancel their appointments to avoid clinics being overwhelmed. Analysis of the helpline data indicates the overwhelming volume of contact was in relation to no, or delayed, appointment letters.

Initially the NHS Grampian general contact line was used for flu vaccination queries. This was quickly overwhelmed, as was the email account set up to accept queries electronically. A dedicated Call Centre was subsequently set up; however, this was done very quickly with little opportunity to train staff. In addition, the number, variety and complexity of flu vaccination scheduling and delivery situations across Grampian, made it almost impossible for helpline staff to provide accurate and up to date information.

For Covid Vaccinations, each Partnership will be responsible for setting up its own call centre. Whilst this gives us a logistical and resourcing headache, it at least gives us more control over the training of staff and the specific, relevant, local information they provide.

For Flu vaccinations, we appointed patients to clinics in venues close to the GP practice they were registered with, however, many people do not necessarily live close to their GP practice. Whilst they seemed willing to attend their GP practice for their Flu vaccination in previous years, we received a significant amount of challenge to the invitation to attend a nearby venue, especially as word got around about alternative venues available closer to their home address. This added further to workloads in relation to queries and re-

appointing. Future Flu Vaccination programmes will likely be based on appointing to venues based on home address and/or offering the opportunity to self-appoint online at a venue most convenient to the individual based on their personal circumstances. This approach will also be adopted for the Covid Vaccine with the addition of "supercentres" i.e. centrally located large venues e.g. TECA, Pittodrie, Beach Ballroom, etc. which can cope with large volumes of people able to make the journey to these venues. More local venues will also be part of the offering for Covid Vaccinations for those unwilling or unable to travel to the larger venues.

Workforce

The sole reliance on nursing staff as vaccinators for the Flu programme was challenging. The late withdrawal of the option to use Health Care Support Workers (HCSWs) to administer vaccines had a huge impact on staffing logistics. We managed to staff all of our planned clinics but not all at 100% of initial forecast capacity.

Recruitment and rostering brought their own challenges. There is a shortage of nurses in general and each sector was competing in the same small pool. Recruitment resources were stretched. The delay in obtaining confirmation of patients scheduled to attend each of the clinic venues further frustrated attempts to staff appropriately.

The use the NHSG Bank restricted our ability to plan staffing too far in advance as operational policy is that staff cannot be requested more than 2 weeks in advance.

Admin requirements were significantly underestimated. We had not anticipated the requirement to produce our own appointment letters,

No specific training was available for staff supporting the vaccination programme across all disciplines.

The Lessons Learned exercise identified that a dedicated Lead Immunisation Nurse is critical to the successful delivery of the flu vaccination programme. In Aberdeen City, although our Lead Nurse was joint Lead of the Flu Vaccination Programme and a Deputy Lead Nurse co-managed the operational delivery, this was in addition to existing duties. For the Covid Vaccination programme we are currently recruiting to this dedicated post.

The availability of sufficient vaccinators continues to be a concern for the Covid Vaccination Programme, but we are actively working on modelling demand and identifying the numbers required to meet this from a variety of sources. As far as possible we will try to identify our vaccinators from within existing staff across the system. Lessons have also been learned in relation to the requirements for Admin support (although some of the digital options may lessen those) and training.

Logistics

Coordination of Vaccine Supply was challenging. Online ordering went relatively well but deliveries did not necessarily match what was ordered. Different batches were required

for different cohorts and matching availability at each clinic was difficult. Cold storage was required at venues and vaccines had to regularly be moved around the city to keep supplies topped up and available to meet the specific demands of each clinic.

The temporary “pop-up” nature of clinics also brought challenge in relation to vaccine supply/storage, data recording, set up/take down etc. required each time. This included the availability of signage, PPE, sharps disposal facilities, other sundries etc., etc.

It should be noted, however that customer experience of the clinics was very positive with lots of complimentary feedback received.

The logistics of the delivery of Covid Vaccinations will be very different as each vaccine make available is likely to require different storage and transportation arrangements and we will have to be flexible enough to react to these. Also, with the phased, and “whole population” approach, the planning challenges will be different and the use of “super centres” for mass vaccinations should eliminate some of the challenges experienced with the flu vaccination programme.

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Covid Vaccinations Planning **APPENDIX C**

NHS Grampian is required to deliver a Covid-19 Vaccination Programme to all adults in Grampian. The prioritisation of recipients is driven by guidance from the Joint Committee for Vaccination and Immunisations (JCVI). The Scottish Government have bundled each JCVI cohort into a 3-wave programme of delivery with indicative deadlines for completion subject to vaccine availability. The table below gives details of the cohorts, priority, wave, and indicative schedule. It is anticipated in Grampian 50,000 vaccinations per week will be delivered in February 2021.

The two most significant risks to delivery are the availability of both the vaccine and the workforce to deliver the vaccination programme. Currently, vaccine supply fluctuates but it is hoped this will stabilise. NHS Grampian will rely on a legal argument that the vaccine programme is internal to the NHS meaning that it is exempt from the requirement to hold a Wholesale Dealing License and it will therefore be able to move vaccine stocks around the NHS Grampian area as required.

A significant recruitment campaign is underway which is anticipated to deliver around 70 whole time equivalent (WTE) new vaccinators and 280 Health Care Support Workers. This is in addition to existing dedicated vaccinator workforce but still leaves a gap if the planned activity is to be achieved. In the short term, deployment of partnership staff will fill this gap. A Patient Group Directive (PGD) which will enable non-registered staff to administer vaccines under a pandemic protocol is expected to be put in place, but there is not yet confirmation of when this will be. Planning assumptions include the use of retired health professionals and students, in waves 1 and 2 and potentially other individuals with no healthcare experience in wave 2 and 3. The use of non-professionally registered vaccinators will require additional planning particularly in terms of competency assessment, operational orientation and instilling health service quality values.

Ambulatory over 80s will, in the main be vaccinated in General Practices under a Locally Enhanced Service (LES) agreement with HSCPs covering any communities where the GP is not delivering these. All patients over 70 in hospital who have not been vaccinated will now be so and anyone being discharged to a Care Home regardless of age will also be vaccinated (assuming they have not already been so).

The Exhibition Centre Aberdeen (TECA) has been contracted to enable the delivery of mass vaccinations in Aberdeen. A small number of more local venues to facilitate access for those unable to travel to TECA will also be used.

Local appointment scheduling will be undertaken for the initial cohorts and waves, with telephone support available for patients to change their appointment if necessary. Aberdeen City Council are supporting the provision of a local contact centre for Aberdeen City. A national scheduling tool is being designed to enable individuals in subsequent

cohorts/waves to book their own slot at a time that is convenient for them and at a suitable venue.

The national Vaccine Management Tool (VMT) which is used to capture all Covid-19 vaccinations provides almost live data regarding vaccinations undertaken by cohort and by NHS Board. A local Performance Dashboard is being developed which gives daily numbers. An example of the data available is provided below.

With the emergence of the new variant of Covid-19 and an increase in transmissibility, the JCVI placed a focus on maximising first dose vaccination extending the original planned dosing schedule and allowing current stocks of vaccine to be utilised for first dose administration.

Vaccines rarely cause serious adverse events. Public Health Scotland have published a framework for reporting, monitoring and escalating adverse events in the Covid-19 vaccination programme and the reporting algorithm will be followed for all vaccinations delivered within NHS Grampian.

Consideration will be given to how the programme is migrated to 'business as usual' and to planning for any future Covid Vaccination booster programme within wider vaccine transformation.

	Aberdeen City Total Population	Aberdeen City Older Adult Care Home Residents	Aberdeen City Over 80s Population
Population Size	228670	1193	9907
Total Vaccinations to Date	11768	1095	1094
% Vaccinated	5.1%	91.8%	11.0%

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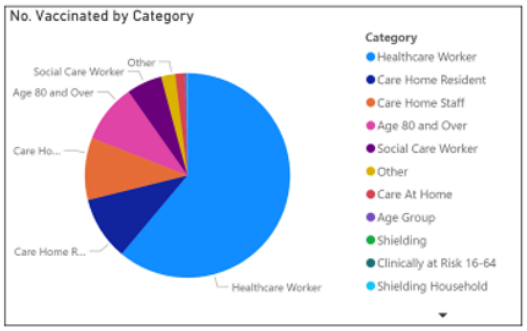
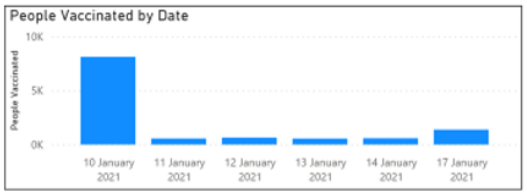
Covid-19 Vaccination Aberdeen City

11768
Number of Patients Vaccinated

Source: NHSS Vaccination Overview Report. Data extracted daily for previous day's data.



Category	No. of People Vaccinated
Age 80 and Over	1094
Age Group	34
Care At Home	168
Care Home Resident	1182
Care Home Staff	1158
Clinically at Risk 16-64	4
Clinically at Risk 16-65	3
Clinically Extremely Vulnerable	3
Healthcare Worker	7193
Other	262
Shielding	6
Shielding Household	4



This dashboard started reporting on 10th January 2021. The numbers shown (opposite) on that date reflect all those vaccinated up to and including 10th January.

17th Jan shows data from 15th to 17th inclusive.

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NHS Grampian Covid-19 Vaccination Programme (Jan 2021)

Cohort	JCVI Priority	SG Wave	Delivered By	1st Dose Scheduled	Population (Aberdeen)
Care Home Residents	1	1	HSCP Teams	Jan 15th	3,093
Care Home Staff	1	1	HSCP Teams/ Clinics	Jan 31st	5,202
Frontline H&SC Staff	2	1	Peer to Peer/ Clinics	Jan 31st	
Age 80 and over (long stay hospital)	2	1	Hospital Teams	Jan 31st	
Age 80 and over Ambulatory/Inpatient	2	1	GPs/HSCP Teams/ Inpatient Clinics	Feb 5th	15,178
Age 80 and over Housebound	2	1	Community Nursing Teams	Feb 22nd	6,505
Age 75 and over	3	2	Mass Vacc Clinics	Feb 8th	20,134
Age 70 and over	4	2	Mass Vacc Clinics	Feb 15th	30,593
Clinically Vulnerable	4	2	Mass Vacc Clinics	Feb 15th	
Age 65 and over	5	2	Mass Vacc Clinics	Feb 28th	32,449
Age 16-64 At Risk	6	2	Mass Vacc Clinics	Apr 1st	60,000
Age 60 and over	7	2	Mass Vacc Clinics	Apr 17th	38,126
Age 55 and over	8	2	Mass Vacc Clinics	Apr 24th	42,271

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Age 50 and over	9	2	Mass Vacc Clinics	May 1st	42,340
Age 16 and over	N/A	3	Mass Vacc Clinics	TBC	