

NHS Highland



Meeting: Highland Health & Social Care Committee
Meeting date: 31/08/2022
Title: Vaccination Service
Responsible Executive/Non-Executive: Louise Bussell
Report Author: Christopher Arnold

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence <ul style="list-style-type: none"> • Improving health • Keeping you safe • Innovating our care 	x	Partners in Care <ul style="list-style-type: none"> • Working in partnership • Listening and responding • Communicating well 	
A Great Place to Work <ul style="list-style-type: none"> • Growing talent • Leading by example • Being inclusive • Learning from experience • Improving wellbeing 		Safe and Sustainable <ul style="list-style-type: none"> • Protecting our environment • In control • Well run 	
Other (please explain below)			

2 Report summary

2.1 Situation

NHSH is required to

1. Plan and achieve the transition of all vaccination services from General Practice to health board provision by the 1st of April 2023
2. Plan and execute the Autumn / Winter influenza and covid-19 vaccination campaign as directed by SG

This report is to provide information on plans and progress for board assurance.

2.2 Background

Vaccination is one of the most important ways to prevent the spread of infectious diseases. Within NHS Highland vaccination has successfully been undertaken largely by general practice and the school nursing service to date.

1. Scottish Government policy is for vaccination to move from general practice to NHS Board led services as part of the Vaccination Transformation Programme (VTP) As part of the GP Modernisation Programme, Vaccination Transition is required to occur by the 1st of April 2023.

Approved service model which sets out a transitional model for service delivery has now been approved and is being developed with operational teams.

2. Scottish Government policy is for an extended flu and covid-19 vaccination program during September to December 2022 following JCVI advice

2.3 Assessment

Vaccination Transformation Programme:

Approved service model which sets out a transitional model for service delivery has now been approved and is being developed with operational teams.

The North Highland Vaccination service has so far completed the following milestones

- Approved transitional model
- Funding gap resolved with model achievable within the financial model.
- Development of central data handling system for vaccination information
- Development of a central vaccination hub providing local information and scheduling resources
- Recruitment of 24.4 whole time equivalent (wte) vaccination staff (a further 4.2 wte to be recruited)

- Recruitment of 5 wte vaccination leads
- Development of training systems and resources
- Development of high level transitional and delivery plans
- Development of cold chain procedures for vaccination management

The following milestones are currently being completed

- Finalised transition plan
- Finalised locality delivery plans – including agreement of final vaccination locations to be provided in local communities across NH

Workshops are to be held with district management to develop and finalise plans and allow final transition to commence.

Autumn/Winter vaccinations -

Autumn and Winter plan has been developed and commenced following discussion with NHSH colleagues and Scottish Government personnel as part of the national Flu Vaccination / Covid Vaccination (FVCV) program.

The North Highland plan provides

- Co-administration of both influenza and covid-19 vaccines
- 154,000 vaccination slots in the community between September and December
- 60 different geographically placed clinical locations
- In-school vaccinations for Primary and secondary schools
- In-home vaccinations for all residential homes and house-bound citizens

The program commences on the 5th of September initially focussed on Care homes and Health and social care frontline staff.

The over 65 and at-risk cohort vaccinations commence from the end of September.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial
Limited

Moderate
None

x

3 Impact Analysis

3.1 Quality/ Patient Care

Delivery of vaccination within general practice has been successful and has been well regarded. It is important that quality of service delivery is maintained following transition and that there is a person-centred approach to the programme that is sympathetic to local needs. Experience of the recent COVID vaccinations has shown that a good quality patient focused service can be delivered. However, there have been occasions where issues such as poor communication and access have not delivered a service of sufficient quality.

This underlines the importance of administration activities such as booking and scheduling as crucial elements in the delivery of a high-quality vaccination service.

The service now offers an increased number of clinical locations and delivery times. Invitations are provided utilising an approach developed following national research and feedback and includes direct appointment letters and self-directed booking.

3.2 Workforce

Recruitment has continued well however challenges still exist in remote and rural areas with ongoing review of alternative models of delivery. A flexible, trained and experienced vaccination team is vital to the provision of a high quality service.

The autumn/winter workforce is dependant on bank services with over 600 bank shifts required during this period – so far approximately 50% of the shifts have been filled.

3.3 Financial

Funding gap for North Highland vaccination services has now been removed with operational models built to account for the 5.4m available funding. Discussion continues with SG regarding the NRAC funding model and the higher cost of providing vaccination services to rural and remote areas.

3.4 Risk Assessment/Management

Identification and availability of suitable vaccination locations – particularly in remote and rural areas remains a risk. We are working with estates colleagues and primary care colleagues to identify all potential options including community spaces and mobile units.

3.6 Equality and Diversity, including health inequalities

COVID vaccination addressed the needs of minority communities, and this approach needs to be continued and strengthened. Several vaccination locations have been developed in support of areas of deprivation

3.7 Other impacts

none

3.8 Communication, involvement, engagement and consultation

Implementation of VTP is a Scottish Government policy. During COVID vaccination programmes there has been considerable communication about the transition from general practice to board led clinics. Vaccination has been a major communication and engagement topic given both its priority and some communication failures.

A Communication plan has been developed for the autumn/winter campaign with local and national resources and is being rolled out across North Highland through the Communication Team.

3.9 Route to the Meeting

This paper was requested as an update by the Health and Social Care Committee

4 Recommendation

- **Assurance** – To give confidence of compliance with legislation, policy and Board objectives.