

**Meeting:** NHS Highland Board  
**Meeting date:** 26 July 2022  
**Title:** Vaccination Strategy Update  
**Responsible Executive/Non-Executive:** Tim Allison; Director Public Health  
**Report Author:** Tim Allison; Director Public Health

## 1 Purpose

This is presented to the Board for:

- Approval

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Person Centred

This report relates to the following Corporate Objective(s)

<b>Clinical and Care Excellence</b> <ul style="list-style-type: none"><li>• Improving health</li></ul>		<b>Partners in Care</b> <ul style="list-style-type: none"><li>• Working in partnership</li></ul>	
<b>A Great Place to Work</b> <ul style="list-style-type: none"><li>• Learning from experience</li></ul>		<b>Safe and Sustainable</b> In control <ul style="list-style-type: none"><li>• Well run</li></ul>	
Other (please explain below)			

## 2 Report Summary

### 2.1 Situation

Vaccination services are being developed within NHS Highland, so that provision moves from general practice to board delivered services. The purpose of this report is to set out the progress made on this since the report to the May Board.

## 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. Scottish Government policy is for vaccination to move from general practice to NHS Board led services as part of the Vaccination Transformation Programme (VTP). At present

Plans for the implementation of vaccination as part of VTP were presented to NHS Highland Board at the end of May 2022. At that time further work was needed to develop the model for delivery in the Highland HSCP area and significant risks were presented, associated with finance and staffing. Board members believed that only limited assurance could be taken from the paper and requested that an update on progress should be brought to the July meeting of the board.

## 2.3 Assessment

Within NHS Highland the vaccination programme is centrally supported through the Programme Board, but delivery of VTP is being undertaken separately in the two council areas of Highland and Argyll and Bute. A commission document has been drawn up which sets out what needs to be delivered in localities and it is then for the locality teams to determine how best vaccination should be delivered within available resources. The parts of the system that are best delivered in one place for the whole of NHS Highland such as centralised appointment scheduling, pharmacy, data quality and information technology are being hosted within Highland HSCP on behalf of the whole of NHS Highland.

At present COVID vaccination is being delivered through board led services and this includes the spring booster campaign and vaccination for young people. Spring COVID booster uptake for people aged 75 and over in NHS Highland is 89.7%. Travel vaccinations are in the process of transferring to pharmacy, maternal and neonatal vaccination remain with maternity services and other vaccinations continue to be delivered by general practice and school nursing. Following options appraisal, general practice will continue to deliver vaccination on several islands.

Development is needed both to undertake the much larger scale vaccination for COVID and influenza in the autumn and to move other vaccination to board delivery. This needs to be done in a way that focuses on patient benefit and outcomes and in a way that implements the most appropriate delivery of vaccine in the different localities of NHS Highland.

Since May the following progress has been made:

- Permanent posts have been established for staff within the central support function including pharmacy and eHealth
- Recruitment within Argyll and Bute for their delivery model combining vaccination with Community Treatment and Care has progressed. So far, 32 out of 55 posts are either recruited or are in progress of recruitment
- Delivery models and options have been developed for the Highland HSCP area based on a balance of functions in localities and centrally and a model has been agreed. This includes a combination of work from existing community staff as well as other staff.

- Development of the delivery models has resulted in a considerable reduction in the gap between likely budget and programme costs. This gap now stands at £353k.

## 2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial	<input type="checkbox"/>	Moderate	<input checked="" type="checkbox"/>
Limited	<input type="checkbox"/>	None	<input type="checkbox"/>

In order to move to a higher level of assurance it will be necessary to have assurance on recruitment to the agreed models and further reduction in the gap between funding and budget.

## 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.

### 3.2 Workforce

Recruitment of a vaccination workforce is one of the most significant challenges for the VTP in NHS Highland. Recruitment in Argyll and Bute is progressing well and contracts for people within the central support function have been made permanent. Delivery of the autumn programme of COVID and influenza vaccinations will be supported by temporary staff but further recruitment will be needed for full implementation of the Highland HSCP model.

### 3.3 Financial

The finance available for vaccination within 2022/23 has still to be confirmed. The estimate for funding available from both the primary care Improvement Fund and from the allocation for COVID and enhanced influenza vaccination is £7.8m. The estimate of delivery costs has decreased from more than £10m to £8.2m, leaving a gap of £353k. Further work will be needed to close this funding gap. Delivery of vaccination across the dispersed localities of NHS Highland is more costly than in more urban areas and this has produced a financial risk.

### **3.4 Risk Assessment/Management**

A risk register has been drawn up. Principal risks include recruitment, finance and communications.

### **3.5 Equality and Diversity, including health inequalities**

COVID vaccination addressed the needs of minority communities, and this approach needs to be continued and strengthened.

### **3.6 Other impacts**

None

### **3.7 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.

### **3.8 Route to the Meeting**

This paper was requested as an update by the Board and it has been considered by members of EDG. The report has been received at the Vaccination Programme Board.

## **4 Recommendation**

**Approval** – Members are asked to note the update and agree that the report gives moderate assurance on progress to delivery of vaccination.